## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 14, 2008 8:00 am Secretary of State

1. Entity Nam	MENT #770757  OF THE EMERGENCY SERVIO			2-14-2008 9	-				
Principal Plac 435 NW 2 ST OCALA, FL 3	Г	Mailing Address PO BOX 992 OCALA, FL 34478	-0992 US		4 10000 4000 1000				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02112008 C	hg-NP	CR2E03	7 (12/06)	
City & State	е	City & State			4. FEI Number 59-234984	40		<del></del>	
Zip	Country	Zip	Cou	untry	5. Certificate of S	tatus Desired			
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New F	Registered A	gent	
CUAMBEE	ae ilipy		Address 0X 992 A, FL 34478-0992 US  To Address e, Apt. #, etc.  02112008 Chg-NP CR2E037 (12/06)  8 State  4. FEI Number 59-2349840 Applied For Not Applicable Country  5. Certificate of Status Desired S8.75 Additional Fee Required Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  See of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
14350 SE	108TH TERRACE			Street Addres	ss (P.O. Box Number is	Not Acceptabl	e)		
				City				Zip Code	a
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	tions of registered agent.	or the purpose of changi	ig its register	ed office of regis	stered agent, or both, ii	Title State of Fi		arrina witi,	
	en	. sold of H SA							
	Signature, typed or printed name of registered ager	it and title if applicable.	(NOTE: Registere	ed Agent signature requ	ired when reinstating)		DATE		
	Filing Fee Is \$61.25 Due by May 1, 2008	9. Election	n Campaign I	Financing	\$5.00 May Be		lake check		
10.	Filing Fee Is \$61.25	9. Election Trust Fo	Campaign I	Financing Lion.	\$5.00 May Be Added to Fees	Flo.	lake check rida Depart	ment of St	ate
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Trust Fi	n Campaign Fund Contribu	Financing tion.	\$5.00 May Be Added to Fees	Flo.	lake check rida Depart	ment of St	ate 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08 352-629

40025252

Interfaith Emergency Services Board of Directors

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2, 2008 , Board of Directors	City	Ocala	Ocala	Ocala	Ocala	Ocala	Ocala	Ocala	Ocala	Ocala	Ocala	Ocala	Ocala	Ocala	Ocala	Ocala	Summerfield	Ocala	Ocala	Ocala	Ocala	Ocala	
	Address	615 E Silver Springs Blvd	2595 SE 32nd Place	5250 SE 42nd Court	740 SE 36th Lane	2707 NW 3rd Ave	2011 SE 14th Lane	1518 SE 12th Street	5220 NW 76th Ct	6221 SW 80th Lane	1814 NW 26th Ave	1974 NE 7th St	1839 NE 8th Ave Rd	2901 SW 41st St Apt 103	1213 SE 18th Ave	52 Pecan Run Harbor	14350 SE 108th Terr	1930 SE 37th Court Circle	1135 NE 46th Court	1949 SE 37th Ct Cir	2304 SE 20th Circle	2340 SE 34th Street	
	First Name	1									-				Vicki		_		_	_	Robin	Jimmy	
	Last Name	Akin II	nos	Biondi	Boyd	S			Grayson		Hagins	Heubeck	Jones	Krake	Listebarger	Moews	Piper	Prebianca	Sherman	Spivey	Tomlin	Walton	
Tuesday, February 12, 2008	Title	۵	۵			<u> </u>	<u>a</u>	٥	0	Ω	<u></u>	٥	P/D		<u> </u>				<u>a</u>	<u> </u>	O/S	<u>a</u>	