

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90041 008 ****70.00

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1. Entity Name
**NATURE COAST EMERGENCY MEDICAL FOUNDATION,
INC.**



Principal Place of Business
**3380 E GULF TO LAKE HWY.
INVERNESS, FL 34453**

Mailing Address
**3380 E GULF TO LAKE HWY.
INVERNESS, FL 34453**

40006043



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-1021027

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEAL, JAMES A JR
213 COURTHOUSE SQUARE
INVERNESS, FL 34450**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME GRIFFITHS, LAWRENCE
STREET ADDRESS 2752 W SUNRISE STREET
CITY-ST-ZIP LECANTO, FL 34461

TITLE D ☒ Change ☐ Addition
NAME Griffiths, Lawrence
STREET ADDRESS 2752 W. Sunrise Street
CITY-ST-ZIP Lecanto, FL 34461

TITLE VD ☐ Delete
NAME HENSLEY, EMERY
STREET ADDRESS 502 W. HIGHLAND BLVD.
CITY-ST-ZIP INVERNESS, FL 34450

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KUHN, STEVE
STREET ADDRESS 6201 N. SUNCOAST BLVD.
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE SD ☒ Change ☐ Addition
NAME Kuhn, Steve
STREET ADDRESS 6201 N. Suncoast Blvd.
CITY-ST-ZIP Crystal River, FL 34429

TITLE PD ☐ Delete
NAME BLUME, ROBERT L JR
STREET ADDRESS 1 MARTIN LUTHER KING AVE.
CITY-ST-ZIP INVERNESS, FL 34450

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME ROWLAND, GORDON
STREET ADDRESS 123 N.W. HIGHWAY 19
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE TD ☒ Change ☐ Addition
NAME Ruben, Bradley
STREET ADDRESS 2484 N. Essex Ave.
CITY-ST-ZIP Hernando, FL 34442

TITLE TD ☐ Delete
NAME BENNETT, C. JOSEPH JR
STREET ADDRESS 605 W. HIGHLAND AVENUE
CITY-ST-ZIP INVERNESS, FL 34450

TITLE D ☒ Change ☐ Addition
NAME Bennett, C. Joseph JR
STREET ADDRESS 605 W. Highland Blvd.
CITY-ST-ZIP Inverness, FL 34450

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Emery Hensley
1/21/05