

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005535

FILED
Aug 09, 2007
Secretary of State

Entity Name: EMERGENCY SERVICES MEMORIAL FUND, INC.

Current Principal Place of Business:

5200 26TH STREET WEST
BRADENTON, FL 34207

New Principal Place of Business:

2451 TRAILMATE DRIVE
SARASOTA, FL 34243

Current Mailing Address:

5200 26TH STREET WEST
BRADENTON, FL 34207

New Mailing Address:

P.O. BOX 20216
BRADENTON, FL 34204

FEI Number: 33-1014780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

LEWIS, LONGMAN & WALKER, P.A.
1001 THIRD AVE. W., SUITE 670
BRADENTON, FL 34205 US

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.

SIGNATURE: KEVIN S. HENNESSY, ESQUIRE

08/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: HENNESSY, THOMAS F
Address: 5200 26TH STREET WEST
City-St-Zip: BRADENTON, FL 34207

Title: PSD () Delete
Name: QUADERER, DAVID R
Address: 5200 26TH STREET WEST
City-St-Zip: BRADENTON, FL 34207

Title: D () Delete
Name: PRICE, KENNETH A JR.
Address: 5200 26TH STREET WEST
City-St-Zip: BRADENTON, FL 34207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD (X) Change () Addition
Name: HENNESSY, THOMAS F
Address: 2451 TRAILMATE DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: PSD (X) Change () Addition
Name: QUADERER, DAVID R
Address: 4980 CITY CENTER BLVD.
City-St-Zip: NORTH PORT, FL 34286

Title: D (X) Change () Addition
Name: GOVER, FOSTER F
Address: 2451 TRAILMATE DRIVE
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLETTE STEELE

S

08/09/2007

Electronic Signature of Signing Officer or Director

Date