

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000005535		
1. Entity Name EMERGENCY SERVICES MEMORIAL FUND, INC.		
Principal Place of Business 2451 TRAILMATE DRIVE SARASOTA, FL 34243	Mailing Address P.O. BOX 20216 BRADENTON, FL 34204	



DO NOT WRITE IN THIS SPACE

03112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 33-1014780	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

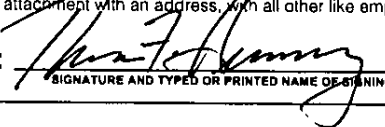
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04/18/08-R0031-002 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HENNESSY, THOMAS F 2451 TRAILMATE DRIVE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD QUADERER, DAVID R 4980 CITY CENTER BLVD. NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOVER, FOSTER F 2451 TRAILMATE DRIVE SARASOTA, FL 34243
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  THOMAS F. HENNESSY 4/3/08 (941) 751-7675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #