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	Mailing Address
2451 TRAILMATE DRIVE SARASOTA, FL 34243	P.O. BOX 20216 BRADENTON, FL 34204

03112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1014780
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE 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

U00000085854
04/18/08-80031-002 70.00

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE 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 THOMAS F. HENNESSY 4/3/08 (941)751-7675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #