

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002877

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF RURAL EMS PROVIDERS, INC.

Current Principal Place of Business:

410 S HWY 19
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

PO BOX 358582
GAINESVILLE, FL 326358582

New Mailing Address:

FEI Number: 20-3902384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, MIKE
410 S HWY 19
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: DUKE, DAVID A
Address: PO BOX 366
City-St-Zip: FROSTPROOF, FL 33843

Title: VPD () Delete
Name: GREEN, H NELSON JR.
Address: 945-C N TEMPLE AVENUE
City-St-Zip: STARKE, FL 32091

Title: PD () Delete
Name: PATTERSON, MIKE
Address: 120 ORIE GRIFFIN
City-St-Zip: PALATKA, FL 32177

Title: TD () Delete
Name: PARRISH, ALLEN
Address: PO BOX 266
City-St-Zip: LAKE BUTLER, FL 32054

Title: RRD () Delete
Name: DOUGLASS, MATTHEW
Address: 913 SE FIFTH STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: RRO () Delete
Name: AKIN, DONNA
Address: PO BOX 1760
City-St-Zip: LABELLE, FL 33975

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIKE PATTERSON

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date