

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002877

FILED
Jan 06, 2011
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:

PO BOX 358582
GAINESVILLE, FL 326358582 US

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
Name: DUKE, DAVID A
Address: PO BOX 366
City-St-Zip: FROSTPROOF, FL 33843 US

Title: VPD
Name: GREEN, H NELSON JR.
Address: 410 S HWY 19
City-St-Zip: PALATKA, FL 32177 US

Title: PD
Name: PATTERSON, MIKE
Address: 410 S HWY 19
City-St-Zip: PALATKA, FL 32177 US

Title: TD
Name: PARRISH, ALLEN
Address: 945-C N TEMPLE AVE
City-St-Zip: STARKE, FL 32091 US

Title: RRD
Name: DOUGLASS, MATTHEW
Address: 63 BO PETE MANOR RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL PATTERSON

PD

01/06/2011

Electronic Signature of Signing Officer or Director

Date