

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003460

FILED  
Feb 26, 2009  
Secretary of State

**Entity Name:** FLORIDA EMS PILOTS ASSOCIATION INC.

**Current Principal Place of Business:**

25145 NW 140TH LN  
HIGH SPRINGS, FL 32643

**New Principal Place of Business:**

**Current Mailing Address:**

25145 NW 140TH LN  
HIGH SPRINGS, FL 32643

**New Mailing Address:**

**FEI Number:** 26-3481770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOMACK, MARK S  
25145 NW 140TH LN  
HIGH SPRINGS, FL 32643 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: PRES ( ) Delete  
Name: WOMACK, MARK S  
Address: 25145 NW 140TH LN  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: SEC ( ) Delete  
Name: GRAY, BART  
Address: 15823 FAIRCHILD DR.  
City-St-Zip: CLEARWATER, FL 33762

Title: VP ( ) Delete  
Name: WOODARD, JOE  
Address: 255 SUNRISE AVE  
City-St-Zip: SATELLITE BEACH, FL 32937

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SEC (X) Change ( ) Addition  
Name: HOPKINS, SID  
Address: 587 LANARKSHIRE PLACE  
City-St-Zip: APOPKA, FL 32712

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: MARK WOMACK

PRES

02/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date