

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007931

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: LIFE SAVING STATIONS, INC.

**Current Principal Place of Business:**

36136 PINE TREE ST  
FRUITLAND PARK, FL 34731

**New Principal Place of Business:**

**Current Mailing Address:**

36136 PINE TREE ST  
FRUITLAND PARK, FL 34731

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

MINNICK, PHILIP  
36136 PINE TREE ST  
FRUITLAND PARK, FL 34731 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: D ( ) Delete  
Name: RAYL, JOSEPH  
Address: 36136 PINE TREE ST  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D ( ) Delete  
Name: MINNICK, PHILIP  
Address: 36136 PINE TREE ST  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: D (X) Change ( ) Addition  
Name: RAYL, JOSEPH  
Address: 22129 N. AUSTIN MERRITT RD  
City-St-Zip: GROVELAND, FL 34736

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

Title: D ( ) Change (X) Addition  
Name: BASS, ROBERT  
Address: P.O. BOX 161  
City-St-Zip: OAKAHUMPKA, FL 34762

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: PHILIP MINNICK

D

04/15/2009

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

\_\_\_\_\_  
Date