

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:30

DOCUMENT # N09617 (4)

1. Corporation Name

FELLSMERE VOLUNTEER AMBULANCE SERVICE, INC.

Principal Place of Business

56 N BROADWAY ST
PO BOX 525
FELLSMERE FL 32948

Mailing Address

56 N. BROADWAY ST
P.O. BOX 525. N/A
FELLSMERE FL 32948
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1985

3a. Date of Last Report

06/27/1994

4. FEI Number

59-2551991

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

FUCHS, SUSAN J.
14575 99TH ST.
FELLSMERE FL 32948

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Susan J. Fuchs

(NOTE: Registered Agent signature required when resigning)

2/1/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
SD	WILSON, CATHERINE	98 N. ELM ST.	FELLSMERE FL
DP	AKERS, REVIS	111 S. OLEANDER ST.	FELLSMERE FL
D	MCCALL, MICHAEL	12655 93RD ST.	FELLSMERE FL
D	MCMANUS, JAMES	886 TALMADGE AVE.	PALM BAY FL
DV	HEDMAN, DOUG	100 N. OAK ST.	FELLSMERE FL
DVP	FUCHS, SUSAN	14575-99TH ST	FELLSMERE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan J. Fuchs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/95 407-571-0800
Day (Typed Name)