

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT, 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N12314

1. Corporation Name

Association of the EMS Providers, Inc.

Principal Place of Business

Mailing Address

3717 S. Conway Road
Orlando, FL 32812

(Same)

3. Date Incorporated or Qualified

11/27/85

4. FEI Number

592566585

Applied For

Not Applicable

2. Principal Place of Business

21 3717 S. Conway Rd.

2a. Mailing Address

26 3717 S. Conway Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Orlando FL

27 City & State

28 Orlando FL

24 Zip

25 32812

Country

25 USA

29 Zip

29 32812

Country

30 USA

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

Leeanna Mims
3717 S. Conway Rd.
Orlando, FL 32812

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Leeanna Mims

Leeanna Mims

4/27/98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☒ DELETE
NAME Robert Sims
STREET ADDRESS 3717 South Conway Rd.
CITY-ST-ZIP Orlando, FL 32812

TITLE 1st Vice President ☐ DELETE
NAME Ray Colburn
STREET ADDRESS Same as Corporation
CITY-ST-ZIP

TITLE 2nd Vice President ☐ DELETE
NAME Dave Mene
STREET ADDRESS Same as Corporation
CITY-ST-ZIP

TITLE Treasurer ☐ DELETE
NAME Leeanna Mims
STREET ADDRESS Same as Corporation
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME James Terry
1.3 STREET ADDRESS Same as Corporation
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Treasurer ☐ Change ☒ Addition
5.2 NAME Bill Godfrey
5.3 STREET ADDRESS Same as Corporation
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leeanna Mims

4/27/98

407-805-0242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)