


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 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 # **N21715** (0)
1. Corporation Name
DISTRICT I EMS COUNCIL, INC.



Principal Place of Business 2257 N BAYLEN ST PENSACOLA FL 32501-703 US	Mailing Address 2257 N BAYLEN ST PENSACOLA FL 32501-703 US
--	--

3. Date Incorporated or Qualified 07/27/1987
4. FEI Number 59-2867764
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YELVERTON, BRUCE
2257 N BAYLEN ST
PENSACOLA FL 32501-1703**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME PERSICHINI, DOMINIC	
STREET ADDRESS 2257 N BAYLEN ST	
CITY-ST-ZIP PENSACOLA FL 03	
TITLE D	<input type="checkbox"/> DELETE
NAME YELVERTON, BRUCE	
STREET ADDRESS 2257 N BAYLEN ST	
CITY-ST-ZIP PENSACOLA FL 03	
TITLE TD	<input type="checkbox"/> DELETE
NAME SIMS, ROBERT B.	
STREET ADDRESS 2257 N BAYLEN ST	
CITY-ST-ZIP PENSACOLA FL 03	
TITLE P	<input type="checkbox"/> DELETE
NAME SLADE, ROSE	
STREET ADDRESS 2257 N BAYLEN ST	
CITY-ST-ZIP PENSACOLA FL 03	
TITLE D	<input type="checkbox"/> DELETE
NAME CHRISTEN, HENRY T.	
STREET ADDRESS 2920 NORTH "L" STREET	
CITY-ST-ZIP PENSACOLA FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BELL, RONNIE	
STREET ADDRESS 2257 N BAYLEN ST	
CITY-ST-ZIP PENSACOLA FL 03	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME AIBYN L. ROMAN	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME PANA BALNES	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *[Signature]*

CR2E037 (1097)