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Feb 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21715

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/27/1987 4. FEI Number 59-2867764 Applied For Not Applicable 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution
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\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Bruce Yelverton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSICHINI, DOMINIC	1.2 NAME	RON MOSLEY
STREET ADDRESS	2257 N BAYLEN ST	1.3 STREET ADDRESS	2257 N. BAYLEN ST
CITY-ST-ZIP	PENSACOLA FL 03	1.4 CITY-ST-ZIP	PENSACOLA FL 32501-1703
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YELVERTON, BRUCE	2.2 NAME	
STREET ADDRESS	2257 N BAYLEN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 03	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, ROBERT B.	3.2 NAME	
STREET ADDRESS	2257 N BAYLEN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 03	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLADE, ROSE	4.2 NAME	DANNA BARNES
STREET ADDRESS	2257 N BAYLEN ST	4.3 STREET ADDRESS	2257 N. BAYLEN ST
CITY-ST-ZIP	PENSACOLA FL 03	4.4 CITY-ST-ZIP	PENSACOLA FL 32501-1703
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTEN, HENRY	5.2 NAME	
STREET ADDRESS	2920 NORTH "L" S	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, RONNIE	6.2 NAME	
STREET ADDRESS	2257 N BAYLEN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 03	6.4 CITY-ST-ZIP	

Please note that all zip codes in Block #12 is 32501-1703

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-99 850 555-3150

CR2E037 (11/98)