


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90003 033 ****70.00

DOCUMENT # N21715		
1. Entity Name DISTRICT I EMS COUNCIL, INC.		

Principal Place of Business 2257 N BAYLEN ST PENSACOLA FL 32501-703 US	Mailing Address PO BOX 11065 PENSACOLA FL 32524-1065 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E037 (11/03)

4. FEI Number 59-2867764	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MANIS, PETER 2259 NORTH BAYLEN STREET PENSACOLA FL 32501-1703

7. Name and Address of New Registered Agent Name Robert Sims Street Address (P.O. Box Number is Not Acceptable) 3013 Kainer ST City Pensacola FL Zip Code 32514
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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> Robert Sims DATE 7-22-04
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEKER, JAMES 2257 N BAYLEN ST PENSACOLA FL 32501-1703 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MANIS, PETER 2257 N BAYLEN ST PENSACOLA FL 03 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SIMS, ROBERT B. 2257 N BAYLEN ST PENSACOLA FL 03 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOSTIC, PAT 2257 N BAYLEN ST PENSACOLA FL 32501-1703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BREWER, PRISCILLA 2257 BAYLEN ST PENSACOLA FL 32501-1703 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BELL, RONNIE 2257 N BAYLEN ST PENSACOLA FL 03 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KEVIN JURA 3257 BAYLEN ST PENSACOLA, FL 32501 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JAMES LEKER 2257 BAYLEN STREET PENSACOLA FL 32501 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SANDY HARTLEY 2257 BAYLEN ST PENSACOLA 32501 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 67, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE: <i>[Signature]</i> Robert Sims 7-22-04 850393-7279
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