

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90251 019 ****70.00

DOCUMENT # N21715

1. Entity Name
DISTRICT I EMS COUNCIL, INC.



Principal Place of Business
**4211 JERRY L. MARYGARDEN ROAD
PENSACOLA, FL 32504 US**

Mailing Address
**PO BOX 11065
PENSACOLA, FL 32524-1065 US**

40000358



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-2867764

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMS, ROBERT
3013 RAINES ST
PENSACOLA, FL 32514**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/05/2007

**Filing Fee is \$61.25 + \$8.75
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JURA, KEVIN
6575 NORTH
PENSACOLA, FL 32505 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PETER MANI, MD
8383 N. DAVIS HWY
PENSACOLA, FL 32514 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LEKER, JAMES
6575 NORTH
PENSACOLA, FL 32505 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KEVIN STANHOPE
P.O. Box 17500
PENSACOLA, FL 32501-2500 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SIMS, ROBERT B.
6575 NORTH
PENSACOLA, FL 32505 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3013 RAINES ST
PENSACOLA, FL 32514 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KOSTIC, PAT
6575 NORTH
PENSACOLA, FL 32505 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6575 NORTH "W" ST
PENSACOLA, FL 32505 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HOBBS, MARGIE
6575 NORTH
PENSACOLA, FL 32505 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8383 N. DAVIS HWY
PENSACOLA, FL 32514 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BELL, RONNIE
6575 NORTH
PENSACOLA, FL 32505 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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.

SIGNATURE:

Robert Sims, Treasurer

Robert Sims

Date

1/5/07 (850) 393-7279

Daytime Phone #