2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N21715

Entity Name: DISTRICT I EMS COUNCIL, INC.

Current Principal Place of Business:

4211 JERRY L. MARYGARDEN ROAD
PENSAOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 11065
PENSACOLA, FL 325241065 US

New Mailing Address:

FEI Number: 59-2867764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIMS, ROBERT
3013 RAINES ST
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MANIS, PETER MD
Address: 7383 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

Title: VP ( ) Delete
Name: STANKOPE, KEVIN
Address: P.O. BOX 17500
City-St-Zip: PENSACOLA, FL 32501

Title: TD ( ) Delete
Name: SIMS, ROBERT B
Address: 3013 RAINES ST
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete
Name: KOSTIC, PAT
Address: 6575 NORTH W. ST
City-St-Zip: PENSACOLA, FL 32505

Title: S ( ) Delete
Name: HOBBS, MARGIE
Address: 8383 N. DAVIS HWY.
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SIMS TD 04/30/2009

Electronic Signature of Signing Officer or Director — Date