

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26642 (1)
1. Corporation Name
SEMINOLE COUNTY EMS ACADEMY FOUNDATION, INC.

Principal Place of Business Mailing Address
2035 COLLIER DR. 2035 COLLIER DR.
FERN PARK FL 32730 FERN PARK FL 32730

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/26/1988 3a. Date of Last Report 01/19/1994
4. FEI Number 59-2903825 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRK, E. FRANK
2035 COLLIER DRIVE
FERN PARK FL 32730

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	KIRK, E. FRANK	1.2 NAME	Scott Barnes
STREET ADDRESS	2035 COLLIER DRIVE	1.3 STREET ADDRESS	700 Aero Lane
CITY-ST-ZIP	FERN PARK FL	1.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE	VD	2.1 TITLE	☐ Change ☒ Addition
NAME	HITCHCOCK, ROBERT, JR.	2.2 NAME	Terry Winn
STREET ADDRESS	346 WINDMEADOW	2.3 STREET ADDRESS	420 Olivia
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	Osteen, FL 32764
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	PROVAU, PATRICIA E.	3.2 NAME	
STREET ADDRESS	111 SUNDOWN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *E. Frank Kirk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(40n) 303-2500-15125
Telephone #