

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 23 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N47548** (5)

1. Corporation Name

INDIAN RIVER COUNTY EMERGENCY MEDICAL SERVICE FOUNDATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 6631
VERO BEACH FL 32961
US

POST OFFICE BOX 6631
VERO BEACH FL 32961
US



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

3. Date Incorporated or Qualified

02/26/1992

4. FEI Number

NOT APPLICABLE

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. Is this nonprofit corporation a homeowners association?



8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.



10. Name and Address of New Registered Agent

JAMES E. SEGUINE, JR.
1729 17TH AVE
VERO BEACH FL 32960

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SEGUINE, JAMES E JR.**
STREET ADDRESS **1729 17TH AVENUE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **VD** ☒ DELETE
NAME **BAILEY, DAVID**
STREET ADDRESS **1729 17TH AVE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **SD** ☐ DELETE
NAME **FREEMAN, DIANE**
STREET ADDRESS **1729 17TH AVE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **TD** ☐ DELETE
NAME **MURPHY, DOUG**
STREET ADDRESS **1729 17TH AVE**
CITY-ST-ZIP **VERO BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **VILLARS, RICK**
2.3 STREET ADDRESS **1729 17TH AVE**
2.4 CITY-ST-ZIP **VERO BEACH FL 32960**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **FREEMAN, DIANE**
3.3 STREET ADDRESS **159 HARRIS RD**
3.4 CITY-ST-ZIP **SEBASTIAN, FL 32958**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

1/12/98 (561)70-5328

CR2E037 (10/97)