### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 759300** 

Entity Name: EMERGENCY CARE HELP ORGANIZATION, INC.

FILED
Jan 20, 2015
Secretary of State
CC5127886289

# **Current Principal Place of Business:**

702 WEST MADISON TALLAHASSEE. FL 32304

# **Current Mailing Address:**

702 WEST MADISON TALLAHASSEE, FL 32304

FEI Number: 59-2290628 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

ARRINGTON, MARTA 702 WEST MADISON STREET TALLAHASSEE, FL 32304 US

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

#### Officer/Director Detail:

Title PRESIDENT Title SECRETARY

NameABLORDEPPEY, SETH PHDNameEHLMANN, BARBARAAddress3526 LIMERICK DR.Address1066 MERRITT DR.

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32301

Title EXECUTIVE DIRECTOR Title VP

Name ARRINGTON, MARTA Name DOUGHTIE, SEAN

Address 702 WEST MADISON Address 4378 CRIPPLE CREEK DR
City-State-Zip: TALLAHASSEE FL 32304 City-State-Zip: TALLAHASSEE FL 32309

Title TREASURER

Name HARRISON, JIM

Address 8891 BIXLER TRAIL

City-State-Zip: TALLAHASSEE FL 32309

I hereby 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 all other like empowered.

SIGNATURE: MARTA ARRINGTON

**EXECUTIVE DIRECTOR** 

01/20/2015