

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005294

**Entity Name:** VOLUNTEER LIFE SAVING CORPS., INC.**Current Principal Place of Business:**427 NORTH 3RD ST  
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**427 NORTH 3RD ST  
JACKSONVILLE BEACH, FL 32250**FEI Number: 59-3731804****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILLEGASS, WILLIAM G  
427 NORTH 3RD STREET  
JACKSONVILLE BEACH, FL 32250 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 DIRECTOR  
Name WRIGHT, COREY  
Address 2509 INDEPENDENCE DRIVE  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR  
Name CHATTAWAY, WAYNE  
Address 2415 COSTA VERDE BLVD, #311  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR  
Name GHIOTTO, PHILIP M  
Address 1528 PARK TERRACE WEST  
City-State-Zip: ATLANTIC BEACH FL 32233

Title DIRECTOR  
Name CREAM-HARRIS, IVY  
Address 640 SEABROOK COVE ROAD  
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR  
Name GOLDSTEIN, JEFFREY DR.  
Address 2656 BEAUCLERC ROAD  
City-State-Zip: JACKSONVILLE FL 32257

*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: PHILIP M. GHIOTTO****TREASURER****03/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date