

2019 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 US**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	CREAM-HARRIS, IVY
Address	640 SEABROOK COVE ROAD
City-State-Zip:	JACKSONVILLE FL 32211

Title	D
Name	BOND, CHARLES
Address	2032 DUNA VISTA CT
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	D
Name	BREW, GEORGE
Address	2762 SEAGATE AVENUE
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	D
Name	RILEY, RICHARD
Address	306 PLAZA
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	D
Name	WALLIS, SUSAN
Address	123 NORTH ROSCOE BLVD
City-State-Zip:	PONTE VEDRA BEACH FL 32082

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: RICHARD RILEY**D****02/11/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date