

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000002438

**Entity Name:** VOLUSIA AMBULANCE ASSOCIATION INC

**Current Principal Place of Business:**

4343 SOUTH RIDGEWOOD AVE SUITE A1  
PORT ORANGE, FL 32127

**Current Mailing Address:**

4343 SOUTH RIDGEWOOD AVE SUITE A1  
PORT ORANGE, FL 32127

**FEI Number: 83-4111398**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TROUP, ROBERT  
4343 SOUTH RIDGEWOOD AVE SUITE A1  
PORT ORANGE, FL 32127 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 SECRETARY - TREASURER -  
DIRECTOR  
Name CORYELL, RANDI J  
Address 1215 TATUM BLVD  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR  
Name BRASOL, LESLIE A  
Address 1336 BEACON DR  
City-State-Zip: DAYTONA BEACH FL 32117

Title PRESIDENT - DIRECTOR  
Name WHEELER, LEONARD  
Address 105 BLUE HERRON  
City-State-Zip: DAYTONA BEACH FL 32119

*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: RANDI JEAN CORYELL**

**PRESIDENT**

**08/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date