

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21715

**Entity Name:** DISTRICT I EMS COUNCIL, INC.**Current Principal Place of Business:**4211 JERRY L. MARYGARDEN ROAD  
PENSACOLA, FL 32504**Current Mailing Address:**PO BOX 11338  
PENSACOLA, FL 32524-1338 US**FEI Number: 59-2867764****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SIMS, ROBERT  
3013 RAINES ST  
PENSACOLA, FL 32514 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	OFFICER
Name	LANDRY, KIM MD
Address	4211 JERRY L. MARYGARDEN ROAD
City-State-Zip:	PENSACOLA FL 32504

Title	VC
Name	LANDRY, KIM DR.
Address	PO BOX 11338
City-State-Zip:	PENSACOLA FL 32524-1338

Title	TD
Name	SIMS, ROBERT B
Address	3013 RAINES ST
City-State-Zip:	PENSACOLA FL 32514

Title	D
Name	KOSTIC, PAT
Address	6575 NORTH W. ST
City-State-Zip:	PENSACOLA FL 32505

Title	S
Name	HOBBS, MARGIE
Address	8383 N. DAVIS HWY.
City-State-Zip:	PENSACOLA FL 32514

Title	CHAIRMAN
Name	POLLY, DOLE DR.
Address	PO BOX 11338
City-State-Zip:	PENSACOLA FL 32524-1338

*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: ROBERT SIMS****TREASURER****03/19/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date