

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21715

**Entity Name:** DISTRICT I EMS COUNCIL, INC.**Current Principal Place of Business:**4340 AVALON BLVD  
MILTON, FL 32583**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         | 4340 AVALON BLVD |
| City-State-Zip: | MILTON FL 32583  |

|                 |                         |
|-----------------|-------------------------|
| Title           | CHAIRMAN                |
| 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           | S                       |
| Name            | STRINGFELLOW, DREW      |
| Address         | PO BOX 11338            |
| City-State-Zip: | PENSACOLA FL 32524-1338 |

|                 |                         |
|-----------------|-------------------------|
| Title           | VC                      |
| Name            | STAVROS, MARK 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 B SIMS****TREASURER****01/31/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date