SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $1.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $200)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:44

DOCUMENT # **711097** **(6)**

1. Corporation Name

HARBOR CITY VOLUNTEER AMBULANCE SQUAD, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1131 S. HICKORY ST. MELBOURNE FL 32901	1131 S. HICKORY ST. MELBOURNE FL 32901

3. Date Incorporated or Qualified: 06/23/1966
3a. Date of Last Report: 02/28/1994
4. FEI Number: 51-0202410 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P. O. Box 1040
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Melbourne, FL 32902
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOSKOVEC, WILLIAM
1131 HICKORY STR
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	President-Director
NAME	COOPER, CLIFFORD	12 NAME	WILLIAM M. HOSKOVEC
STREET ADDRESS	1603 WINDSOR AVE SE	13 STREET ADDRESS	526 Avenue B
CITY-ST-ZIP	PALM BAY FL	14 CITY-ST-ZIP	Melbourne Beach, FL 32951
			XX Change ☐ Addition
TITLE	VPD	21 TITLE	EDITH KOELSCH-Vice President
NAME	HOSKOVEC, WILLIAM	22 NAME	1620 Elizabeth Street /Director
STREET ADDRESS	526 AVE B	23 STREET ADDRESS	Melbourne, FL 32901
CITY-ST-ZIP	MELBOURNE BCH FL	24 CITY-ST-ZIP	XX Change ☐ Addition
TITLE	VPD	31 TITLE	Secretary
NAME	SANCHEZ, CARLOS	32 NAME	Diane McCauley
STREET ADDRESS	PO BOX 2274 NA	33 STREET ADDRESS	9891 Oak Street
CITY-ST-ZIP	MELBOURNE FL	34 CITY-ST-ZIP	Micco, FL 32976
			XX Change XX Addition
TITLE	TD	41 TITLE	Director
NAME	KIDD, BOBBI	42 NAME	Dixie Sansom
STREET ADDRESS	431 HAWTHORNE CT	43 STREET ADDRESS	1131 S. Hickory Street
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	44 CITY-ST-ZIP	Melbourne, FL 32901
			☐ Change XX Addition
TITLE	CA Director	51 TITLE	Director
NAME	GOUGELMAN, PAUL	52 NAME	Sam Calabrese
STREET ADDRESS	1825 S. RIVERVIEW DR	53 STREET ADDRESS	105 Martesia Way
CITY-ST-ZIP	MELBOURNE FL	54 CITY-ST-ZIP	Indian Harbour Beach, FL 32937
			☐ Change XX Addition
TITLE	SD	61 TITLE	Director
NAME	WALL, PAMELA J.	62 NAME	Pat Poole
STREET ADDRESS	1901 MANOR DR	63 STREET ADDRESS	854 Palmetto
CITY-ST-ZIP	COCOA FL	64 CITY-ST-ZIP	Melbourne, FL 32901

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William M. Hoskovec 7-20-95 (407) 242-99[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006118