FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

1. Corporation Name

HARBOR CITY VOLUNTEER AMBULANCE SQUAD, INC.

Principal Place of Business	Mailing Address
1131 S. HICKORY ST. MELBOURNE FL 32901	P O BOX 1040 MELBOURNE FL 32902 US

3. Date Incorporated or Qualified: 06/23/1966	3a. Date of Last Report: 06/04/1995
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
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 Street: 129 W. Hibiscus Blvd,	26 Street:
22 Suite, Apt. #, etc.: Suite K	27 Suite, Apt. #, etc.:
23 City & State: Melbourne, FL	28 City & State:
24 Zip: 32902 25 Country: BREVARD	29 Zip: 30 Country:

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: William M. Hoskovec
82 Street Address (P.O. Box Number is Not Acceptable): 129 W. Hibiscus Blvd., Suite K
83:
84 City: Melbourne FL 85 Zip Code: 32901

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: [signature] 6/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	HOSKOVEC, WILLIAM M		1.2 NAME	PAUL GOUGELMAN	
STREET ADDRESS	526 AVENUE B		1.3 STREET ADDRESS	402 Sanderling Drive	
CITY-ST-ZIP	MELBOURNE BEACH FL		1.4 CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	VP	☐ DELETE	2.1 TITLE	VP & Director	☐ Change ☐ Addition
NAME	KOELSCH, EDITH		2.2 NAME	EDITH KOELSCH	
STREET ADDRESS	1620 ELIZABETH ST		2.3 STREET ADDRESS	1620 Elizabeth Street	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	S	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	MCCAULEY, DIANE		3.2 NAME	Lee Williams	
STREET ADDRESS	9891 OAK ST		3.3 STREET ADDRESS	3302 Seamist Lane	
CITY-ST-ZIP	MICCO FL		3.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	D	☐ DELETE	4.1 TITLE	Treasurer/SECRETARY	☐ Change ☒ Addition
NAME	SANSOM, DIXIE		4.2 NAME	Bobbi L, Kidd	
STREET ADDRESS	1131 S HICKORY ST		4.3 STREET ADDRESS	431 Hawthorne Court	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CALABRESE, SAM		5.2 NAME		
STREET ADDRESS	105 MARTESIA WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BCH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	POOLE, PAT		6.2 NAME		
STREET ADDRESS	854 PALMETTO		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP		

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)(k), 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: [signature] BOBBI L. KIDD 6/1/96 407 724 4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)