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Jun 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
129 W. HIBICUS BLVD.  
K  
MELBOURNE FL 32901  
US P O BOX 1040  
MELBOURNE FL 32902-1040  
US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country  
24 25 26 27 28 29 30

3. Date Incorporated or Qualified 06/23/1966 3a. Date of Last Report 06/12/1996  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAM M. HOSKOVEC  
129 W. HIBICUS BLVD.  
SUITE K  
MELBOURNE FL 32901

81 Name Paul Gougelman  
82 Street Address (P.O. Box Number is Not Acceptable) 1499 S. Harbor City Blvd., Suite 303  
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 6/12/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	XXX DELETE		1.1 TITLE	President/Director	XX Change	<input type="checkbox"/> Addition
NAME	HOSKOVEC, WILLIAM M			1.2 NAME	Paul Gougelman		
STREET ADDRESS	526 AVENUE B			1.3 STREET ADDRESS	1499 S. Harbor City Blvd., Suite 303		
CITY-ST-ZIP	MELBOURNE BEACH FL			1.4 CITY-ST-ZIP	Melbourne, FL 32901		
TITLE	VP	XXX DELETE		2.1 TITLE	Vice President/Director	<input type="checkbox"/> Change	XX Addition
NAME	KOELSCH, EDITH			2.2 NAME	Dan Yelverton		
STREET ADDRESS	1620 ELIZABETH ST			2.3 STREET ADDRESS	708 Dartmouth Avenue		
CITY-ST-ZIP	MELBOURNE FL			2.4 CITY-ST-ZIP	Melbourne, FL 32901		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	Secretary	XX Change	<input type="checkbox"/> Addition
NAME	PAUL GOUGELMAN			3.2 NAME	Bobbi L. Kidd		
STREET ADDRESS	402 SANDERLING DR.			3.3 STREET ADDRESS	100 Plover Lane		
CITY-ST-ZIP	INDIALANTIC FL			3.4 CITY-ST-ZIP	Rockledge, Florida 32955		
TITLE	D	XXX DELETE		4.1 TITLE	Treasurer	<input type="checkbox"/> Change	XX Addition
NAME	SANSOM, DIXIE			4.2 NAME	Sondra D'Angelo		
STREET ADDRESS	1131 S HICKORY ST			4.3 STREET ADDRESS	1096 Crazy Horse Avenue		
CITY-ST-ZIP	MELBOURNE FL			4.4 CITY-ST-ZIP	Palm Bay, Florida 32907		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	Director	<input type="checkbox"/> Change	XX Addition
NAME	CALABRESE, SAM			5.2 NAME	Roger Mansfield		
STREET ADDRESS	105 MARTESIA WAY			5.3 STREET ADDRESS	300 Rudgers Avenue		
CITY-ST-ZIP	INDIAN HARBOUR BCH FL			5.4 CITY-ST-ZIP	Melbourne, Florida 32901		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	Director	<input type="checkbox"/> Change	XX Addition
NAME	POOLE, PAT			6.2 NAME	James Wilson		
STREET ADDRESS	854 PALMETTO			6.3 STREET ADDRESS	2845 Rheims Avenue		
CITY-ST-ZIP	MELBOURNE FL			6.4 CITY-ST-ZIP	Melbourne, Florida 32935		

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)