

FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711097** (6)
1. Corporation Name
HARBOR CITY VOLUNTEER AMBULANCE SQUAD, INC.



Principal Place of Business 129 W. HIBISCUS BLVD. K MELBOURNE FL 32901 US	Mailing Address P O BOX 1040 MELBOURNE FL 32902 US
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3. Date Incorporated or Qualified 06/23/1966
4. FEI Number 51-0202410
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOUGLEMAN, PAUL
1499 S. HARBOR CITY BLVD.
STE. 303
MELBOURNE FL 32901**

81 Name Charles R. Fawcett, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 20 N. Orange Avenue
83 SUITE 1000
84 City Orlando
85 Zip Code FL 32801

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 *Charles R. Fawcett* DATE **April 23, 1998**
Signature, typed or printed name of registered agent and not if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME GOUGLEMAN, PAUL	
STREET ADDRESS 1499 S. HARBOR CITY BLVD., STE. 303	
CITY-ST-ZIP MELBOURNE FL	
TITLE VPD	<input type="checkbox"/> DELETE
NAME YELVERTON, DAN	
STREET ADDRESS 708 DARTMOUTH AVE.	
CITY-ST-ZIP MELBOURNE FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME KIDD, BOBBI L.	
STREET ADDRESS 100 PLOVER LANE	
CITY-ST-ZIP ROCKLEDGE FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME D'ANGELO, SONDR	
STREET ADDRESS 1096 CRAZY HORSE AVE.	
CITY-ST-ZIP PALM BAY FL	
TITLE D	<input type="checkbox"/> DELETE
NAME CALABRESE, SAM	
STREET ADDRESS 105 MARTESIA WAY	
CITY-ST-ZIP INDIAN HARBOUR BCH FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME POOLE, PAT	
STREET ADDRESS 854 PALMETTO	
CITY-ST-ZIP MELBOURNE FL	

1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME THOMAS SOUSA	
1.3 STREET ADDRESS 109 Bel Aire Drive	
1.4 CITY-ST-ZIP Indian Harbour Beach, FL 32937	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME SUE CAMPBELL	
2.3 STREET ADDRESS 407 N. Seagull Circle	
2.4 CITY-ST-ZIP Barefoot Bay, FL 32976	
3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME LYNN DEUIL	
3.3 STREET ADDRESS 1018 Hidden Harbour, #H-1	
3.4 CITY-ST-ZIP Melbourne, FL 32935	
4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME FRANK BRUNN	
4.3 STREET ADDRESS 407 E. New Haven Ave.	
4.4 CITY-ST-ZIP Melbourne, FL 32901	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME SUE SCHMIDT-KIRWAN	
5.3 STREET ADDRESS 511 Royston Lane	
5.4 CITY-ST-ZIP Melbourne, FL 32940	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME DONALD NOHRR	
6.3 STREET ADDRESS 1800 W. HIBISCUS BLVD.	
6.4 CITY-ST-ZIP Melbourne, FL 32901	

14. I 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.

SIGNATURE: *Charles R. Fawcett* 4/21/98

CR2E037 (10/97)