SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/5/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -6 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27912 (7)

1. Corporation Name
HARBOR CITY VOLUNTEER AMBULANCE SQUAD FOUNDATION , INC.

Principal Place of Business	Mailing Address
C/O BRUCE A MITCHELL 1825 S. RIVERVIEW DR. MELBOURNE FL 32901	C/O BRUCE A MITCHELL 1825 S. RIVERVIEW DR. MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1988
3a. Date of Last Report: 03/22/1994
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 corporate tax under s. 220.02 Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BRUCE A MITCHELL/ REINMEN, HARRELL, GRAHAM, MITCHELL & WATTWOOD P.A.
1825 S. RIVERVIEW DR.
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 (A-13)		
TITLE	D	11 TITLE	☐ Change ☐ Addition	
NAME	GOUGELMAN, PAUL R III	12 NAME		
STREET ADDRESS	1825 S RIVERSIDE DR	13 STREET ADDRESS		
CITY ST ZIP	MELBOURNE FL	14 CITY ST ZIP		
TITLE	DP	21 TITLE	☐ Change ☐ Addition	
NAME	OWENS, LOUISE R.	22 NAME		
STREET ADDRESS	2405 RANCHWOOD CT	23 STREET ADDRESS		
CITY ST ZIP	MELBOURNE FL	24 CITY ST ZIP		
TITLE	D	31 TITLE	☒ Change ☐ Addition	
NAME	LANFRIED, MARY	32 NAME		
STREET ADDRESS	~~407 IXORA DRIVE~~	33 STREET ADDRESS	707 IXORA DRIVE	
CITY ST ZIP	MELBOURNE FL	34 CITY ST ZIP		
TITLE	D	41 TITLE	☐ Change ☒ Addition	
NAME	~~LARSON, SALLY~~	42 NAME	DIXIE N. SANSOM	
STREET ADDRESS	~~2807 BAYEAUX DR.~~	43 STREET ADDRESS	110 BARTON AVENUE	
CITY ST ZIP	~~MELBOURNE FL~~	44 CITY ST ZIP	ROCKLEDGE FL 32955	
TITLE	DS	51 TITLE	☒ Change ☐ Addition	
NAME	~~SWANK, DEBBIE~~	52 NAME	DEBORAH GAFFNEY	
STREET ADDRESS	1163 CORDOVA ST. SE	53 STREET ADDRESS	1163 CORDOVA ST SE	
CITY ST ZIP	PALM BAY FL	54 CITY ST ZIP	PALM BAY FL 32909	
TITLE	D	61 TITLE	☐ Change ☒ Addition	
NAME	~~COOPER, CLIFFORD~~	62 NAME	WILLIAM HOKOVEC	
STREET ADDRESS	~~1003 WINDSOR AVE~~	63 STREET ADDRESS	526 AVENUE B	
CITY ST ZIP	~~PALM BAY FL~~	64 CITY ST ZIP	MELBOURNE BEACH 32951	

14. I (We) 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: [signature] 6/26/95 407-724-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

CR2E037 (3/95)

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