

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 # 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

3. Date Incorporated or Qualified
08/17/1988

3a. Date of Last Report
07/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
51-0202410

Applied For
☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUCE A MITCHELL/ REINMEN, HARRELL,
GRAHAM, MITCHELL & WATTWOOD P.A.
1825 S. RIVERVIEW DR.
MELBOURNE FL 32901

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS GOUGELMAN, PAUL R III
CITY-ST-ZIP 1825 S RIVERSIDE DR
MELBOURNE FL

TITLE ☐ DELETE
NAME DP
STREET ADDRESS OWENS, LOUISE R.
CITY-ST-ZIP 2405 RANCHWOOD CT
MELBOURNE FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS LANFRIED, MARY
CITY-ST-ZIP 707 IXORA DRIVE
MELBOURNE FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS SANSOM, DIXIE N.
CITY-ST-ZIP 110 BARTON AVENUE
ROCKLEDGE FL

TITLE ☐ DELETE
NAME DS
STREET ADDRESS GAFFNEY, DEBORAH
CITY-ST-ZIP 1153 CORDOVA STREET SE
PALM BAY FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS HOKOVEC, WILLIAM
CITY-ST-ZIP 526 AVENUE B
MELBOURNE BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE D.S.T. ☒ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Gaffney Secretary/Treasurer

5-8-96

Date

407-724-4411

Daytime Phone #

CR2E037 (12/95)