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Jun 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N27912 (7)

HARBOR CITY VOLUNTEER AMBULANCE SQUAD FOUNDATION
INC.



Principal Place of Business Mailing Address
C/O BRUCE A MITCHELL P.O. Box 1923
1825 S. RIVERSIDE DR. 1825 S. RIVERSIDE DR.
MELBOURNE FL 32901 MELBOURNE FL 32901
129 W. Hibiscus Blvd Suite K
Melbourne, FL 32901

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 P.O. Box 1923
22 City & State 27 Suite, Apt. #, etc.
23 City & State 28 Melbourne, FL
24 Zip 25 Country 29 32902 30 USA

3. Date Incorporated or Qualified 08/17/1988 3a. Date of Last Report 05/15/1996
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
BRUCE A MITCHELL/ REINMEN, HARRELL,
GRAHAM, MITCHELL & WATTWOOD P.A.
1825 S. RIVERSIDE 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	GOUGELMAN, PAUL R III	1.2 NAME	Gougelman, Paul
STREET ADDRESS	1825 S. RIVERSIDE DR.	1.3 STREET ADDRESS	1499 E. Harbor City Blvd.
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	DP	2.1 TITLE	
NAME	OWENS, LOUISE R.	2.2 NAME	
STREET ADDRESS	2405 RANCHWOOD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	DVP
NAME	LANFRIED, MARY	3.2 NAME	LANFried, Mary
STREET ADDRESS	707 IKORA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SANSOM, DIXIE N.	4.2 NAME	
STREET ADDRESS	110 BARTON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	
TITLE	DST	5.1 TITLE	
NAME	GAFFNEY, DEBORAH	5.2 NAME	
STREET ADDRESS	1153 CORDOVA STREET SE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HOKOVEC, WILLIAM	6.2 NAME	
STREET ADDRESS	826 AVENUE B	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)