

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27912** (7)

1. Corporation Name

HARBOR CITY VOLUNTEER AMBULANCE SQUAD FOUNDATION, INC.



Principal Place of Business 129 W. HIBISCUS BLVD SUITE K MELBOURNE FL 32901		Mailing Address P.O. BOX 1923 MELBOURNE FL 32902		3. Date Incorporated or Qualified 08/17/1988	
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		4. FEI Number 51-0202410 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 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 85 Zip Code	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOUGELMAN, PAUL R III	1.2 NAME	
STREET ADDRESS	1499 S. HARBOR CITY BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32901	1.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDFRIED, MARY	3.2 NAME	
STREET ADDRESS	707 KORA DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:

Louise R. Owens

3-22-98

407-724-4411

CR2E037 (10/97)