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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N32926 (0)

1. Corporation Name

BEACON WOODS AMBULANCE FUND, INC.

Principal Place of Business

Mailing Address

~~W ROBERT E. MCKENZIE~~
 12440 CLOCKTOWER PARKWAY
 BOYONET POINT FL 34667

~~W ROBERT E. MCKENZIE~~
 12440 CLOCKTOWER PARKWAY
 BOYONET POINT FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1989

3a. Date of Last Report

03/21/1994

4. FEI Number

59-2984641

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

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

\$68.75 Supplemental Fee Not Required

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

MCCARTHY, CHARLES E.
 12803 CASTLEBERRY COURT
 12440 CLOCKTOWER PARKWAY
 BAYONET POINT FL 34667

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

Charles E. McCarthy
 3/9/95
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~DP DS~~
 NAME **ROHNER, ALBERT J.**
 STREET ADDRESS **12311 LARKINWOOD LANE**
 CITY-ST-ZIP **BAYONET POINT FL**

1.1 TITLE **D/V** Change Addition
 1.2 NAME **KNOWLES, THOMAS P.**
 1.3 STREET ADDRESS **8700 LINCOLNSHIRE DRIVE**
 1.4 CITY-ST-ZIP **BAYONET POINT FL**

TITLE ~~DP DP~~
 NAME **LAYSON, HARRY F.**
 STREET ADDRESS **13006 SMOKE TREET WAY**
 CITY-ST-ZIP **BAYONET POINT FL**

2.1 TITLE **D** Change Addition
 2.2 NAME **DeMARCO, PENNY**
 2.3 STREET ADDRESS **12232 MAGNOLIA GROVE LANE**
 2.4 CITY-ST-ZIP **BAYONET POINT FL**

TITLE **DT**
 NAME **MCCARTHY, CHARLES E.**
 STREET ADDRESS **12803 CASTLEBERRY CT.**
 CITY-ST-ZIP **BAYONET POINT FL**

3.1 TITLE **D** Change Addition
 3.2 NAME **DIMATTEI, JEAN**
 3.3 STREET ADDRESS **13139 FROND WAY**
 3.4 CITY-ST-ZIP **BAYONET POINT FL**

TITLE **D**
 NAME ~~HEGG, MILDRED H.~~
 STREET ADDRESS ~~12011 CASTLEBERRY CT.~~
 CITY-ST-ZIP ~~BAYONET POINT FL~~

4.1 TITLE **D** Change Addition
 4.2 NAME **WALSH, CECELIA**
 4.3 STREET ADDRESS **12207 SILK OAK LANE**
 4.4 CITY-ST-ZIP **BAYONET POINT FL**

TITLE **D**
 NAME ~~HOCKENBERRY, ULLIAN~~
 STREET ADDRESS ~~8410 D-BUNKER LANE~~
 CITY-ST-ZIP ~~BAYONET POINT FL~~

5.1 TITLE **D** Change Addition
 5.2 NAME **LARSON, DAVID L.**
 5.3 STREET ADDRESS **8012 GREENSIDE LANE**
 5.4 CITY-ST-ZIP **BAYONET POINT FL**

TITLE **D**
 NAME ~~ATWATER, FRANK~~
 STREET ADDRESS ~~8020 HUNTERS WHIP ROW~~
 CITY-ST-ZIP ~~BAYONET POINT FL~~

6.1 TITLE **D** Change Addition
 6.2 NAME **McEWEN, ARTHUR W.**
 6.3 STREET ADDRESS **12403 STAGECOACH LANE**
 6.4 CITY-ST-ZIP **BAYONET POINT FL**

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 110.07(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 resolver 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, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles E. McCarthy
 3/9/95