

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996-3-22-96 B-2625 C

DOCUMENT # **N32926 (0)**

1. Corporation Name

BEACON WOODS AMBULANCE FUND, INC.



Principal Place of Business

Mailing Address

12440 CLOCKTOWER PARKWAY
BOYONET POINT FL 34667
US

12440 CLOCKTOWER PARKWAY
BOYONET POINT FL 34667
US

3. Date Incorporated or Qualified
06/22/1989

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2964641

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

MCCARTHY, CHARLES E.
12603 CASTLEBERRY COURT
12440 CLOCKTOWER PARKWAY
BAYONET POINT FL 34667

81 Name
JOHN B. MARGERUM
82 Street Address (P.O. Box Number is Not Acceptable)
12700 CHARTER OAK WAY
83
12440 CLOCKTOWER PARKWAY
84 City
BAYONET POINT, FL 85 Zip Code
34667

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

John B. Margerum

DATE

3-19-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------------------|--|
| TITLE | DS | <input checked="" type="checkbox"/> DELETE |
| NAME | ROHNER, ALBERT X | |
| STREET ADDRESS | 12311 LARKWOOD LANE X | |
| CITY-ST-ZIP | BAYONET POINT FL X | |
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | DAVSON, HARRY F X | |
| STREET ADDRESS | 13086 SMOKE TREE WAY X | |
| CITY-ST-ZIP | BAYONET POINT FL X | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCCARTHY, CHARLES E. | |
| STREET ADDRESS | 12603 CASTLEBERRY CT. | |
| CITY-ST-ZIP | BAYONET POINT FL | |
| TITLE | D/VP | <input type="checkbox"/> DELETE |
| NAME | WALSH, CECELIA | |
| STREET ADDRESS | 12207 SILK OAK LANE | |
| CITY-ST-ZIP | BAYONET POINT FL | |
| TITLE | D/S | <input type="checkbox"/> DELETE |
| NAME | LARSON, DAVID L. | |
| STREET ADDRESS | 8012 GREENSIDE LANE | |
| CITY-ST-ZIP | BAYONET POINT FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MORRIS, ARTHUR W X | |
| STREET ADDRESS | 12403 STAGECOACH LANE X | |
| CITY-ST-ZIP | BAYONET POINT FL X | |

| | | |
|--------------------|--|--|
| 1.1 TITLE | D/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JOHN B. MARGERUM | |
| 1.3 STREET ADDRESS | 12700 CHARTER OAK WAY | |
| 1.4 CITY-ST-ZIP | BAYONET POINT, FL 34667 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE | D/P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | THOMAS P. KNOWLES | |
| 2.3 STREET ADDRESS | 8700 LINCOLNSHIRE DR | |
| 2.4 CITY-ST-ZIP | BAYONET PT., FL 34667 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | JEAN DI MATTEI | |
| 3.3 STREET ADDRESS | 13139 FROND WAY | |
| 3.4 CITY-ST-ZIP | BAYONET PT. FL 34667 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | EDMUND R. HOPPER | |
| 4.3 STREET ADDRESS | 7507 CLANTON TRAIL, BAYONET PT., FL 34667 | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | JAMES J. FARRELL | |
| 5.3 STREET ADDRESS | 8026 WILDFLOWER LA., BAYONET PT., FL 34667 | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | DIANNE LUDOVIC | |
| 6.3 STREET ADDRESS | 12525 MERRY LA., BAYONET PT. FL 34667 | |
| 6.4 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:

John B. Margerum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3-19-96

DAYTIME PHONE #

813-863-1267

CR2E037 (12/95)