

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32926** (0)
1. Corporation Name
BEACON WOODS AMBULANCE FUND, INC.



Principal Place of Business 12440 CLOCKTOWER PARKWAY BOYONET POINT FL 34667 US	Mailing Address 12440 CLOCKTOWER PARKWAY BOYONET POINT FL 34667-2410 US
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3. Date Incorporated or Qualified 06/22/1989	3a. Date of Last Report 03/22/1996
4. FEI Number 59-2964641	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**MARGERUM, JOHN B
12700 CHARTER OAK WAY
12440 CLOCKTOWER PARKWAY
BAYONET POINT FL 34667**

10. Name and Address of New Registered Agent
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 (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	<input type="checkbox"/> DELETE	1.1 TITLE DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGERUM, JOHN B.		1.2 NAME JAMES J. FARRELL
STREET ADDRESS	12700 CHARTER OAK WAY		1.3 STREET ADDRESS 8026 WILDFLOWER LANE
CITY-ST-ZIP	BAYONET POINT FL		1.4 CITY-ST-ZIP BAYONET PT., FL 34667
TITLE	DP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOWLES, THOMAS P.		2.2 NAME RAYMOND WATSON
STREET ADDRESS	8700 LINCOLNSHIRE DRIVE		2.3 STREET ADDRESS 12813 CANDLEWOOD WAY
CITY-ST-ZIP	BAYONET POINT FL		2.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTHY, CHARLES E.		3.2 NAME ROBERT W. YOUNG
STREET ADDRESS	12603 CASTLEBERRY CT.		3.3 STREET ADDRESS 12810 PINEBROOK LA
CITY-ST-ZIP	BAYONET POINT FL		3.4 CITY-ST-ZIP BAYONET PT., FL 34667
TITLE	DVP DP	<input type="checkbox"/> DELETE	4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALSH, CECELIA		4.2 NAME WYNN W. CUPERTINO
STREET ADDRESS	12207 SILK OAK LANE		4.3 STREET ADDRESS 12235 MAGNOLIA GROVE
CITY-ST-ZIP	BAYONET POINT FL		4.4 CITY-ST-ZIP BAYONET PT., FL 34667
TITLE	DS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSON, DAVID L.		5.2 NAME EDMUND R. HOPPER
STREET ADDRESS	8018 GREENSIDE LANE		5.3 STREET ADDRESS 7507 CLANTON TRAIL
CITY-ST-ZIP	BAYONET POINT FL		5.4 CITY-ST-ZIP BAYONET PT., FL 34667
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INDOMICY, DAMNE		6.2 NAME GEORGE SCHAFF
STREET ADDRESS	12528 MERRY LANE		6.3 STREET ADDRESS 7813 FIRESTONE WAY
CITY-ST-ZIP	BOYONNET POINT FL		6.4 CITY-ST-ZIP BAYONET PT., FL 34667

14. I do 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)