

FILE NOW: FILING FEE IS \$61.25

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Mar 16 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 # 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 US
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3. Date Incorporated or Qualified 08/22/1989	
4. FEI Number 59-2964641	Applied For <input type="checkbox"/> Not Applicable

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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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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No

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: KNOWLES, THOMAS P.
82 Street Address (P.O. Box Number Is Not Acceptable): 8700 LINCOLNSHIRE DR
83
84 City: BAYONET PT 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 Thomas P. Knowles **39-98**
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	NAME MARGERUM, JOHN B.	1.1 TITLE DVP	1.2 NAME ALBERT J. ROHNER
STREET ADDRESS 12700 CHARTER OAK WAY	CITY-ST-ZIP BAYONET POINT FL	1.3 STREET ADDRESS 12311 LARINWOOD LANE	1.4 CITY-ST-ZIP BAYONET PT., FL 34667
TITLE DP	NAME WATSON, RAYMOND	2.1 TITLE DT	2.2 NAME THOMAS P. KNOWLES
STREET ADDRESS 12813 CANDLEWOOD WAY	CITY-ST-ZIP BAYONET POINT FL	2.3 STREET ADDRESS 8700 LINCOLNSHIRE DR	2.4 CITY-ST-ZIP BAYONET PT., FL 34667
TITLE D	NAME MCCARTHY, CHARLES E.	3.1 TITLE DS	3.2 NAME MILDRED HESS
STREET ADDRESS 12608 CASTLEBERRY CT.	CITY-ST-ZIP BAYONET POINT FL	3.3 STREET ADDRESS 12611 CASTLEBERRY CT	3.4 CITY-ST-ZIP BAYONET PT., FL 34667
TITLE D	NAME WALSH, CECELIA	4.1 TITLE D	4.2 NAME FRANK DONOHUE
STREET ADDRESS 12207 SILK OAK LANE	CITY-ST-ZIP BAYONET POINT FL	4.3 STREET ADDRESS 8010 VALLEY STREAM LA	4.4 CITY-ST-ZIP BAYONET PT., FL 34667
TITLE D	NAME HORPER, EDMUND R.	5.1 TITLE D	5.2 NAME RUSSELL SMITH
STREET ADDRESS 7507 BLANTON TRAIL	CITY-ST-ZIP BAYONET POINT FL	5.3 STREET ADDRESS 8408 WAGON WHEEL LA	5.4 CITY-ST-ZIP BAYONET PT., FL 34667
TITLE D	NAME SCHAEF, GEORGE	6.1 TITLE D	6.2 NAME MARILYN GURNEY
STREET ADDRESS 7813 FIRESTONE WAY	CITY-ST-ZIP BOYONNET POINT FL	6.3 STREET ADDRESS 8302 WAGON WHEEL LA	6.4 CITY-ST-ZIP BAYONET PT., FL 34667

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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: [Signature] **3/9/98** **813-863-1267**

CR2E037 (10/97)