


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90042 027 ****70.00

DOCUMENT # N32926
1. Entity Name
BEACON WOODS AMBULANCE FUND, INC.



Principal Place of Business: **12440 CLOCKTOWER PARKWAY
BAYONET POINT FL 34667
US**
Mailing Address: **12440 CLOCKTOWER PARKWAY
BAYONET POINT FL 34667
US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: City & State
Zip: Country

4. FEI Number: **59-2964641**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**FIMMANO, FRANCIS N
12221 DARWOOD DRIVE
BAYONET POINT FL 34667**

7. Name and Address of New Registered Agent
Name: **PECK, BETTY J.**
Street Address (P.O. Box Number is Not Acceptable):
12310 CAMP CREEK LANE
City: **BAYONET POINT FL** Zip Code: **34667**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: *Betty J. Peck*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	TD FIMMANO, FRANCIS N	<input type="checkbox"/> Delete
STREET ADDRESS	12221 DARWOOD DRIVE	
CITY-ST-ZIP	BAYONET POINT FL 34667	
TITLE NAME	P WATSON, RAYMOND W	<input type="checkbox"/> Delete
STREET ADDRESS	12813 CANDLEWOOD WAY	
CITY-ST-ZIP	BAYONET POINT FL 34667	
TITLE NAME	VD PECK, BETTY J	<input type="checkbox"/> Delete
STREET ADDRESS	12310 CAMP CREEK LANE	
CITY-ST-ZIP	BAYONET POINT FL 34667	
TITLE NAME	SD KNOWLES, THOMAS P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7639 GREYSTONE DR	
CITY-ST-ZIP	BAYONET POINT FL 34667	
TITLE NAME	D KACHOLD, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	13111 WESTERN CIRCLE	
CITY-ST-ZIP	BAYONET PT FL 34667	
TITLE NAME	D RODRIGUEZ, IGNACIO	<input type="checkbox"/> Delete
STREET ADDRESS	8021 BEAVER CREEK LANE	
CITY-ST-ZIP	BAYONET POINT FL 34667	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P FIMMANO, FRANCIS N.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12221 DARWOOD DRIVE	
CITY-ST-ZIP	BAYONET POINT, FL 34667	
TITLE NAME	VD WATSON, RAYMOND W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12813 CANDLEWOOD WAY	
CITY-ST-ZIP	BAYONET POINT, FL 34667	
TITLE NAME	TD PECK, BETTY J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12310 CAMP CREEK LANE	
CITY-ST-ZIP	BAYONET POINT, FL 34667	
TITLE NAME	D MEAHL, DANIEL M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8702 ARROWHEAD DRIVE	
CITY-ST-ZIP	BAYONET POINT, FL 34667	
TITLE NAME	D WALSH, CECELIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	12207 SILK OAK LANE	
CITY-ST-ZIP	BAYONET POINT, FL 34667	
TITLE NAME	SD RODRIGUEZ, IGNACIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8021 BEAVER CREEK LOOP	
CITY-ST-ZIP	BAYONET POINT, FL 34667	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betty J. Peck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #