


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90023 015 ****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.
---	---

1st MOORE CR2E037 (10/04)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-2964641	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

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* DATE: 3/24/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P FIMMANO, FRANCIS N	TITLE	VP
NAME	FIMMANO, FRANCIS N	NAME	Jackson, Dana R.
STREET ADDRESS	12221 DARWOOD DRIVE	STREET ADDRESS	12852 Ironwood Circle
CITY-ST-ZIP	BAYONET POINT FL 34667	CITY-ST-ZIP	Bayonet Point, FL 34667
TITLE	VD	TITLE	D
NAME	WATSON, RAYMOND W	NAME	Meier; Helmut G.
STREET ADDRESS	12813 CANDLEWOOD WAY	STREET ADDRESS	8315 Cavalry Drive
CITY-ST-ZIP	BAYONET POINT FL 34667	CITY-ST-ZIP	Bayonet Point, FL 34667
TITLE	TD	TITLE	
NAME	PECK, BETTY J	NAME	
STREET ADDRESS	12310 CAMP CREEK LANE	STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL 34667	CITY-ST-ZIP	
TITLE	D	TITLE	P
NAME	MEHL, DANIEL M	NAME	Meahl, Daniel M.
STREET ADDRESS	8702 ARROWHEAD DR.	STREET ADDRESS	8702 Arrowhead Dr.
CITY-ST-ZIP	BAYONET POINT FL 34667	CITY-ST-ZIP	Bayonet Point, FL 34667
TITLE	D	TITLE	D
NAME	WALSH, CECELIA	NAME	Law, Andrew S.
STREET ADDRESS	12207 SILK OAK LANE	STREET ADDRESS	12401 Gunstock Lane
CITY-ST-ZIP	BAYONET PT FL 34667	CITY-ST-ZIP	Bayonet Point, FL 34667
TITLE	SD	TITLE	
NAME	RODRIGUEZ, IGNACIO	NAME	
STREET ADDRESS	8021 BEAVER CREEK LANE	STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL 34667	CITY-ST-ZIP	

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* DATE: 3/24/05 DAYTIME PHONE #: 727-863-1267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR