


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90141 025 \*\*\*\*70.00

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



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

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

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

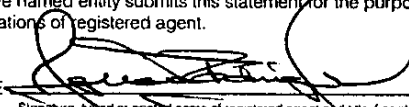
40043160



1st MOORE CR2E037 (10/05)

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 **Ignacio U. Rodriguez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8021 Beaver Creek Loop**  
 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  **Ignacio U. Rodriguez, Treasurer**  
 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2006**

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

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

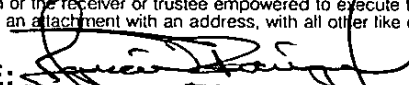
10. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | VP                     | <input type="checkbox"/> Delete            |
| NAME           | JACKSON, DANA R        |  |
| STREET ADDRESS | 12852 IRONWOOD CIR     |  |
| CITY-ST-ZIP    | BAYONET POINT FL 34667 |  |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | MEIR, HELMUT G         |  |
| STREET ADDRESS | 8315 CAVALRY DR        |  |
| CITY-ST-ZIP    | BAYONET POINT FL 34667 |  |
| TITLE          | TD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | PECK, BETTY J          |  |
| STREET ADDRESS | 12310 CAMP CREEK LANE  |  |
| CITY-ST-ZIP    | BAYONET POINT FL 34667 |  |
| TITLE          | P                      | <input checked="" type="checkbox"/> Delete |
| NAME           | MEHL, DANIEL           |  |
| STREET ADDRESS | 8702 ARROWHEAD D R     |  |
| CITY-ST-ZIP    | BAYONET POINT FL 34667 |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | LAW, ANDREW S          |  |
| STREET ADDRESS | 12401 GUNSTOCK LANE    |  |
| CITY-ST-ZIP    | BAYONET POINT FL 34667 |  |
| TITLE          | SD                     | <input type="checkbox"/> Delete            |
| NAME           | RODRIGUEZ, IGNACIO     |  |
| STREET ADDRESS | 8021 BEAVER CREEK LANE |  |
| CITY-ST-ZIP    | BAYONET POINT FL 34667 |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Thomas Pohl             |  |
| STREET ADDRESS | 7518 Santa Fe Trail     |  |
| CITY-ST-ZIP    | Bayonet Point, FL 34667 |  |
| TITLE          | SD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | P                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ann Bunting             |  |
| STREET ADDRESS | 8306 Wagon Wheel Lane   |  |
| CITY-ST-ZIP    | Bayonet Point, FL 34667 |  |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | James Maloney, Jr.      |  |
| STREET ADDRESS | 8604 Lincolnshire Drive |  |
| CITY-ST-ZIP    | Bayonet Point, FL 34667 |  |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | R. Marie Longo          |  |
| STREET ADDRESS | 12418 Weatherstone Row  |  |
| CITY-ST-ZIP    | Bayonet Point, FL 34667 |  |
| TITLE          | TD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **Ignacio U. Rodriguez, Treasurer** (727) 863-1267  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #