

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90066 039 \*\*\*\*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 - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/06)  
4. FEI Number      Applied For  
**59-2964641**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**RODRIGUEZ, IGNACIO U**  
**8021 BEAVER CREEK LOOP**  
**BAYONET POINT FL 34667**

7. Name and Address of New Registered Agent  
Name  
**Maloney, James P. Jr.**  
Street Address (P O Box Number is Not Acceptable)  
**8604 Lincolnshire Drive**  
City      State      Zip Code  
**Bayonet Point      FL      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 **James P. Maloney, Jr., Treasurer**      *[Signature]*      **3/18/07**  
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, 2007**

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 STREET ADDRESS CITY ST ZIP	VP JACKSON, DANA R 12852 IRONWOOD CIR BAYONET POINT FL 34667 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	SD MEIR, HELMUT G 8315 CAVALRY DR BAYONET POINT FL 34667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	P BUNTING, ANN 8306 WAGON WHEEL LANE BAYONET POINT FL 34667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D / T MALONEY, JR, JAMES 8604 LINCOLNSHIRE DR BAYONET POINT FL 34667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D LONGO, R. MARIE 12418 WEATHERSTONE ROW BAYONET POINT FL 34667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<del>TD</del> D RODRIGUEZ, IGNACIO 8021 BEAVER CREEK LANE BAYONET POINT FL 34667 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP Ryan, Robert B. 8707 Mill Creek Lane Bayonet Point, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D Miller, C. Michael 8201 Heartwood Lane Bayonet Point, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D Bedell, Harold 13113 Wyndale Lane Bayonet Point, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D Pohl, Thomas 7518 Santa Fe Trail Bayonet Point, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **James P. Maloney, JR., Treasurer**      *[Signature]*      **3/18/07**      **727-829-1268**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone