
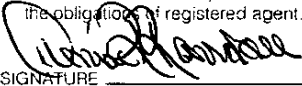


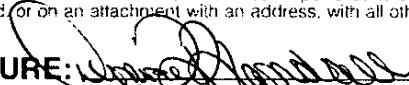
**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90038 035 ****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 - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-2964641 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent -MALONEY, JAMES P JR. Z 8604 LINCOLNSHIRE DRIVE BAYONET POINT FL 34667 | | 7. Name and Address of New Registered Agent Name Denise R. Randall Street Address (P.O. Box Number is Not Acceptable) 12607 Clocktower Parkway City Bayonet Point, FL Zip Code 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:  Denise R. Randall, Treasurer DATE: 3-12-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW. FEE IS \$61.25 Due By: May 1, 2008 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | VPD RYAN, ROBERT B 8707 MILL CREEK LANE BAYONET POINT FL 34667 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Thomas Pohl 7518 Santa Fe Trail Bayonet Point, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD- D MEIR, HELMUT G 8315 CAVALRY DR BAYONET POINT FL 34667 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Denise R. Randall 12607 Castleberry Court Bayonet Point, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUNTING, ANN 8306 WAGON WHEEL LANE BAYONET POINT FL 34667 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Carl-Spoeth 12412 Cobblestone Drive Bayonet Point, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT MALONEY, JR, JAMES 8604 LINCOLNSHIRE DR BAYONET POINT FL 34667 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D James Gilligan 12822 Ironwood Circle Bayonet Point, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LONGO, R. MARIE 12418 WEATHERSTONE ROW BAYONET POINT FL 34667 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODRIGUEZ, IGNACIO 8021 BEAVER CREEK LANE BAYONET POINT FL 34667 <input type="checkbox"/> Delete | 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:  **Denise R. Randall, Treasurer** **3-12-08** (727) 863-1267