

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32926

FILED
Feb 28, 2011
Secretary of State

Entity Name: BEACON WOODS AMBULANCE FUND, INC.

Current Principal Place of Business:

12440 CLOCKTOWER PARKWAY
BAYONET POINT, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

12440 CLOCKTOWER PARKWAY
BAYONET POINT, FL 34667 US

New Mailing Address:

FEI Number: 59-2964641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BETTY J. PECK
12440 CLOCKTOWER PKWY
BAYONET POINT, FL 34667 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP
Name: HUBBS, RONALD B
Address: 8205 VALLEY STREAM LANE
City-St-Zip: BAYONET POINT, FL 34667

Title: PD
Name: RESTALL, GUYTHA
Address: 7623 GREYSTONE DRIVE
City-St-Zip: BAYONET POINT, FL 34667

Title: TD
Name: PECK, BETTY J
Address: 12310 CAMP CREEK LANE
City-St-Zip: BAYONET POINT, FL 34667

Title: SD
Name: WAYMIRE, DAN
Address: 7812 DORAL DRIVE
City-St-Zip: BAYONET POINT, FL 34667

Title: D
Name: MASSEY, JAMES R
Address: 12704 PINEBROOK LANE
City-St-Zip: BAYONET POINT, FL 34667

Title: D
Name: JOHNSON, JOAN
Address: 7512 MUSKET ROW
City-St-Zip: BAYONET POINT, FL 34667

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BETTY J. PECK

RA

02/28/2011

Electronic Signature of Signing Officer or Director

Date