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Apr 13, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005029

1. Corporation Name

BEACON WOODS EAST AMBULANCE FUND, INC.

Principal Place of Business

8421 CLAYTON BOULEVARD
HUDSON FL 34667

Mailing Address

8421 CLAYTON BOULEVARD
HUDSON FL 34667

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number EIN 59-3535944	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

PEYTON, DONALD R
7317 LITTLE ROAD
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	CHARLES C. LOWE
STREET ADDRESS		1.3 STREET ADDRESS	8203 ROXBORO DRIVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	HUDSON, FL 34667-6960
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	RUTH COWAN 1ST VICE PRESIDENT "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	RUTH COWAN
STREET ADDRESS		2.3 STREET ADDRESS	8306 REYNOLDS DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HUDSON, FL 34667
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SECOND VICE PRESIDENT "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	GLADYS CYPHERT
STREET ADDRESS		3.3 STREET ADDRESS	13405 WOODWARD DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HUDSON, FL 34667
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TREASURER "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	HARRY W. RAUCH
STREET ADDRESS		4.3 STREET ADDRESS	8202 REYNOLDS DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HUDSON, FL 34667
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SANDRA BROWN
STREET ADDRESS		5.3 STREET ADDRESS	8555 BERKLEY DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	HUDSON, FL 34667
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles C. Lowe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES C. LOWE April 10, 1999 (727) 862-6800
 Date Daytime Phone #

CRP(037-61799)