

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32926

FILED
Feb 28, 2019
Secretary of State
3986014882CC

Entity Name: BEACON WOODS AMBULANCE FUND, INC.

Current Principal Place of Business:

12440 CLOCKTOWER PARKWAY
BAYONET POINT, FL 34667

Current Mailing Address:

12440 CLOCKTOWER PARKWAY
BAYONET POINT, FL 34667 US

FEI Number: 59-2964641

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SMITH, KENNETH A
12440 CLOCKTOWER PKWY
BAYONET POINT, FL 34667 US

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: KENNETH A. SMITH

02/28/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SMITH, KENNETH A
Address 12440 CLOCKTOWER PARKWAY
City-State-Zip: BAYONET POINT FL 34667

Title VP
Name KOBAS, TONI
Address 12440 CLOCKTOWER PARKWAY
City-State-Zip: BAYONET POINT FL 34667

Title PRESIDENT
Name CARTER, DOROTHY
Address 12440 CLOCKTOWER PARKWAY
City-State-Zip: BAYONET POINT FL 34667

Title SECRETARY
Name MANNUCCHI, CATHERINE
Address 12440 CLOCKTOWER PARKWAY
City-State-Zip: BAYONET POINT FL 34667

Title DIRECTOR
Name GRAVES, FRANK
Address 12440 CLOCKTOWER PARKWAY
City-State-Zip: BAYONET POINT FL 34667

Title DIRECTOR
Name BUNTING, ANN
Address 12440 CLOCKTOWER PARKWAY
City-State-Zip: BAYONET POINT FL 34667

Title DIRECTOR
Name WEBSTER, CHARLES
Address 12440 CLOCKTOWER PARKWAY
City-State-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: KENNETH A SMITH

TREASURER

02/28/2019

Electronic Signature of Signing Officer/Director Detail

Date