

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32926

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: No

Name and Address of Current Registered Agent:

CHRISTY, CECILIA
8205 VALLEY STREAM LANE
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: CECILIA CHRISTY

03/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name MANNUCCI, CATHERINE
Address 8023 BEAVER CREEK LOOP
City-State-Zip: BAYONET POINT FL 34667

Title DIRECTOR
Name BRIESTEIN, ROSE
Address 8713 ARROWHEAD DRIVE
City-State-Zip: BAYONET POINT FL 34667

Title DIRECTOR
Name TUTKO, ROBERT B
Address 8306 CLOVER HILL LOOP
City-State-Zip: BAYONET POINT FL 34667

Title PRESIDENT
Name GILLIGAN, JAMES F
Address 12822 IRONWOOD CIRCLE
City-State-Zip: BAYONET POINT FL 34667

Title DIRECTOR
Name HOOKE, MARIE
Address 12816 SETTLERS DRIVE
City-State-Zip: BAYONET POINT FL 34667

Title VP
Name HUBBS, RON
Address 8205 VALLEY STREAM LANE
City-State-Zip: BAYONET POINT FL 34667

Title TREASURER
Name CHRISTY, CECILIA
Address 8507 ARROWHEAD DRIVE
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: CATHERINE MANNUCCI

SECRETARY

03/15/2024

Electronic Signature of Signing Officer/Director Detail

Date