

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N32926

**Entity Name:** BEACON WOODS AMBULANCE FUND, INC.

**FILED**  
**Jul 02, 2014**  
**Secretary of State**  
**CC5555255705**

**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:**

HUBBS, RON  
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: RONALD B HUBBS**

**07/02/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           HUBBS, RONALD B  
Address        12440 CLOCKTOWER PARKWAY  
City-State-Zip: BAYONET POINT FL 34667

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

Title           DIRECTOR  
Name           KELLY, JOSEPH D  
Address        12440 CLOCKTOWER PARKWAY  
City-State-Zip: BAYONET POINT FL 34667

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

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

Title           DIRECTOR, VP  
Name           MASSEY, JAMES  
Address        12440 CLOCKTOWER PARKWAY  
City-State-Zip: BAYONET POINT FL 34667

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

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

**Continues on page 2**

*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: RONALD B HUBBS**

**TREASURER**

**07/02/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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