

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 10 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **722192 (2)**

1. Corporation Name
KEY LARGO VOLUNTEER AMBULANCE CORPS.

Principal Place of Business Mailing Address
98600 OVERSEAS HIGHWAY KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/03/1971	3a. Date of Last Report 01/19/1994
4. FEI Number 59-1682537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**GANNAWAY, ELIZABETH
98600 OVERSEAS HIGHWAY
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Robert J. Morrow* *ELIZABETH GANNAWAY* *1-17-95*
(Print or typed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BECKMANN, BRENDA
STREET ADDRESS	98600 OVERSEAS HIGHWAY
CITY-ST-ZIP	KEY LARGO FL
TITLE	T
NAME	MORROW, JANET
STREET ADDRESS	98600 OVERSEAS HIGHWAY
CITY-ST-ZIP	KEY LARGO FL
TITLE	CD
NAME	ELAM, JOEY
STREET ADDRESS	98600 OVERSEAS HWY.
CITY-ST-ZIP	KEY LARGO FL
TITLE	CS
NAME	MORROW, FRANCES
STREET ADDRESS	9 MIAMI DRIVE
CITY-ST-ZIP	KEY LARGO FL
TITLE	RS
NAME	BEAL, KAREN
STREET ADDRESS	BEALS HAMMOCK RD.
CITY-ST-ZIP	KEY LARGO FL
TITLE	D
NAME	GORMAN, ELAINE
STREET ADDRESS	98600 OVERSEAS HWY.
CITY-ST-ZIP	KEY LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ives, Janet
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Chief Jones, Franky R.
3.3 STREET ADDRESS	98600 Overseas Highway
3.4 CITY-ST-ZIP	Key Largo, FL 33037
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Recording Secretary Money, Karen
4.3 STREET ADDRESS	98600 Overseas Highway
4.4 CITY-ST-ZIP	Key Largo, FL 33037
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Omit
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Omit
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Franky R. Jones* *1-17-95* *305-451-2766*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type) (Area #)
FRANKY R. JONES, CHIEF