

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 29 1996 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 722192 (2)
1. Corporation Name
KEY LARGO VOLUNTEER AMBULANCE CORPS.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1971	3a. Date of Last Report 02/10/1995
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number 59-1682537	Applied For 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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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, Section 617.0503, Florida Statutes.

SIGNATURE: *Elizabeth Gannaway* **ELIZABETH GANNAWAY** *Stamp Ass't I* **01-24-96**
Signature, Title, and Date for each office or registered agent and their applicable (NEED Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BECKMANN, BRENDA		1.2 NAME		
STREET ADDRESS	98600 OVERSEAS HIGHWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IVES, JANET		2.2 NAME		
STREET ADDRESS	98600 OVERSEAS HIGHWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL		2.4 CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, FRANKY R.		3.2 NAME		
STREET ADDRESS	98600 OVERSEAS HWY.		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL		3.4 CITY-ST-ZIP		
TITLE	RSD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONEY, KAREN		4.2 NAME		
STREET ADDRESS	98600 OVERSEAS HIGHWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(k), 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* **FRANKY R. JONES** **01-24-96** **305 451-2766**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CP2E037 (12/95)