

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 23, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-23-1999 90033 014 *****61.25

DOCUMENT # 722192

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	
21		26		12/03/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1682537	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		25		29	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CULLEN, RUSSELL H JR 99228 OVERSEAS HIGHWAY KEY LARGO FL 33037				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, KIMBERLY	2.2 NAME	
STREET ADDRESS	98600 OVERSEAS HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	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	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDGE, KENNETH	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Brenda Beckmann* **01-07-99** **3054572766**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)