


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 722192 1. Entity Name KEY LARGO VOLUNTEER AMBULANCE CORPS.	
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Principal Place of Business 98600 OVERSEAS HIGHWAY KEY LARGO FL 33037	Mailing Address 98600 OVERSEAS HIGHWAY KEY LARGO FL 33037
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1682537	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CULLEN, RUSSELL H JR
99228 OVERSEAS HIGHWAY
KEY LARGO FL 33037**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____

 City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P BECKMANN, BRENDA 98600 OVERSEAS HIGHWAY KEY LARGO FL	<input type="checkbox"/> Delete
NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	DVP WELLS, KIMERLY 98600 OVERSEAS HWY KEY LARGO FL 33037	<input type="checkbox"/> Delete
NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	CD JONES, FRANKY R. 98600 OVERSEAS HWY. KEY LARGO FL	<input type="checkbox"/> Delete
NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	DT EDGE, KENNETH 98600 OVERSEAS HIGHWAY KEY LARGO FL 33037	<input type="checkbox"/> Delete
NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete
NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete
NAME	STREET ADDRESS	CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	1100000027737 02/03/04-80059-001 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY - ST - ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brenda Beckmann* **BRENDA H BECKMANN**
President - BOD
 Date: *1/27/04*
 Phone: *1-305-451-2766*