


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.



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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-1682537** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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	<input type="checkbox"/> Delete
NAME	BECKMANN, BRENDA	
STREET ADDRESS	98600 OVERSEAS HIGHWAY	
CITY - ST - ZIP	KEY LARGO FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WELLS, KIMERLY	
STREET ADDRESS	98600 OVERSEAS HWY	
CITY - ST - ZIP	KEY LARGO FL 33037	
TITLE	CD	<input type="checkbox"/> Delete
NAME	JONES, FRANKY R.	
STREET ADDRESS	98600 OVERSEAS HWY.	
CITY - ST - ZIP	KEY LARGO FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	EDGE, KENNETH	
STREET ADDRESS	98600 OVERSEAS HIGHWAY	
CITY - ST - ZIP	KEY LARGO FL 33037	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100000027737	
STREET ADDRESS	02/03/04-80059-001 61.25	
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 H Beckmann* **BRENDA H BECKMANN**
 President - BOD 1/27/04 1-305-451-2766