


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90098 044 ****61.25

DOCUMENT # 722192							
1. Entity 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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1682537			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CULLEN, RUSSELL H JR 99228 OVERSEAS HIGHWAY KEY LARGO, FL 33037			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, the registered agent.			01-08-08	
SIGNATURE <i>Russell H Cullen</i>			(NOTE: Registered Agent signature required when reinstating)		DATE:		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	BECKMANN, BRENDA			NAME			
STREET ADDRESS	98600 OVERSEAS HIGHWAY			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO, FL			CITY-ST-ZIP			
TITLE	V	Delete <input checked="" type="checkbox"/>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
NAME	STOKY, ROBERT			NAME	JUAN DELGADO		
STREET ADDRESS	98600 OVERSEAS HWY			STREET ADDRESS	98600 o/s Hwy		
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP	KEY LARGO, FL 33037		
TITLE	CD	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	JONES, FRANKY R.			NAME			
STREET ADDRESS	98600 OVERSEAS HWY.			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO, FL			CITY-ST-ZIP			
TITLE	DT	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	BOCK, DON			NAME			
STREET ADDRESS	98600 OVERSEAS HWY			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP			
TITLE	S	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	CULLEN, KAY			NAME			
STREET ADDRESS	98600 OVERSEAS HWY			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>Brenda H Beckmann</i>			BRENDA H. BECKMANN		1-8-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		
			1-305-451-2766		1-305-451-3733		