

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722192

FILED
Mar 04, 2009
Secretary of State

Entity Name: KEY LARGO VOLUNTEER AMBULANCE CORPS.

Current Principal Place of Business:

98600 OVERSEAS HIGHWAY
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

98600 OVERSEAS HIGHWAY
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 59-1682537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BECKMANN, BRENDA
Address: 98600 OVERSEAS HIGHWAY
City-St-Zip: KEY LARGO, FL

Title: V () Delete
Name: DELGADO, JUAN
Address: 98600 OVERSEAS HWY
City-St-Zip: KEY LARGO, FL 33037

Title: CD () Delete
Name: JONES, FRANKY R.,
Address: 98600 OVERSEAS HWY.
City-St-Zip: KEY LARGO, FL

Title: DT () Delete
Name: BOCK, DON
Address: 98600 OVERSEAS HWY
City-St-Zip: KEY LARGO, FL 33037

Title: S () Delete
Name: CULLEN, KAY
Address: 98600 OVERSEAS HWY
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH ELKOURY

OM

03/04/2009

Electronic Signature of Signing Officer or Director

_____ Date