

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731032

**Entity Name:** OCEAN REEF VOLUNTEER FIRE DEPARTMENT INC.**Current Principal Place of Business:**110 ANCHOR DRIVE  
KEY LARGO, FL 33037**Current Mailing Address:**24 DOCKSIDE LANE  
PMB 505  
KEY LARGO, FL 33037 US**FEI Number:** 23-7411790**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	D
Name	MCCLURE, DONALD JR.
Address	80 SNAPPER LANE
City-State-Zip:	KEY LARGO FL 33037

Title	D
Name	ASTBURY, PAUL MG
Address	09 HALFWAY RD
City-State-Zip:	KEY LARGO FL 33037

Title	P
Name	RITZ, DAVID C
Address	24 DOCKSIDE LANE
City-State-Zip:	KEY LARGO FL 33037

Title	VP
Name	LUNSFORD, GREGORY
Address	21558 SW 87 PLACE
City-State-Zip:	MIAMI FL 33189

Title	DIRECTOR
Name	BETZ, MICHAEL
Address	46 HARBOUR HOUSE
City-State-Zip:	KEY LARGO FL 33037

Title	DIRECTOR
Name	BROWN, STEPHEN C
Address	51 SUNRISE CAY DR
City-State-Zip:	KEY LARGO FL 33037

Title	DIRECTOR
Name	BIRSH, JOAN
Address	18 HARBOR ISLAND DR
City-State-Zip:	KEY LARGO FL 33037

Title	DIRECTOR
Name	MAST, ALFRED
Address	7 HARBOUR GREEN DR
City-State-Zip:	KEY LARGO FL 33037

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** GREGORY LUNSFORD

VP

02/26/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DEWEY , KENNETH  
Address 9 HARBOUR GREEN  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name WAITE, DONALD C III  
Address 21 SOUTH ROAD  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name FOSTER, MICHAEL  
Address 35 HARBOUR GREEN  
City-State-Zip: KEY LARGO FL 33037