


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		
			State 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.					
SIGNATURE <i>Russell H Cullen</i>			DATE: 01-08-08		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKMANN, BRENDA			NAME	
STREET ADDRESS	98600 OVERSEAS HIGHWAY			STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL			CITY-ST-ZIP	
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, FRANKY R.			NAME	
STREET ADDRESS	98600 OVERSEAS HWY.			STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCK, DON			NAME	
STREET ADDRESS	98600 OVERSEAS HWY			STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLEN, KAY			NAME	
STREET ADDRESS	98600 OVERSEAS HWY			STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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