

# 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