

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90393 018 \*\*\*\*61.25

**DOCUMENT # 731032**

1. Entity Name  
**OCEAN REEF VOLUNTEER FIRE DEPARTMENT INC.**



Principal Place of Business  
**110 ANCHOR DRIVE  
KEY LARGO, FL 33037 US**

Mailing Address  
**24 DOCKSIDE LANE  
PMB 505  
KEY LARGO, FL 33037 US**

**40086303**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**23-7411790**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C OLCOTT, EMERY 09 CARD SOUND RD KEY LARGO, FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, BRUCE 422 S HARBOR DR KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTBURY, PAUL MG 09 HALFWAY RD KEY LARGO, FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RITZ, DAVID C 70 N BOUNTY LN KEY LARGO, FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALF, EDWARD 30465 SANCTUARY TERRACE KEY LARGO, FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, LYNN 03 HARBOUR HOUSE KEY LARGO, FL 33037	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rose, Lynn 03 Harbour House, Key Largo, FL 33037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Techet, Steven 08 Channel Cay Rd., Key Largo, FL 33037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kavanaugh, Martha 04 Channel Cay Rd., Key Largo, FL 33037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Coughlan, Dermot 32 Card Sound Rd., Key Largo, FL 33037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Betz, Michael 46 harbour House, Key Largo, FL 33037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sims, Nelson M. 34 South Harbor Dr., Key Largo, FL 33037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:**

*D. C. Ritz, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT 40086909

# 731032

## OCEAN REEF VOLUNTEER FIRE DEPARTMENT

24 Dockside Lane PMB 505, Key Largo, Florida 33037  
(305) 367-2222 • Fax (305) 367-3139

April 24, 2008

Two additional officers for the Ocean Reef Volunteer Fire Department are:

VP

Jeff Oeltjen  
2002 SE 17th Ave.  
Homestead, FL 33035

T

Ford Franklin III  
35 Ocean Reef Dr. Suite 220  
Key Largo, FL 33037