

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752829

FILED  
Jan 26, 2011  
Secretary of State

**Entity Name:** KEY LARGO VOLUNTEER FIRE AND RESCUE DEPARTMENT, INC.

**Current Principal Place of Business:**

100 EAST DR  
KEY LARGO, FL 33037 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 782  
KEY LARGO, FL 33037 US

**New Mailing Address:**

FEI Number: 59-2231676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAAB, SANDRA  
99411 OVERSEAS HWY  
KEYS ACCOUNTING & TAX SERVICE  
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: VP  
Name: MEEHAN, WILLIAM  
Address: 16 FLAMINGO RD  
City-St-Zip: KEY LARGO, FL 33037

Title: S  
Name: MOORE, KANDY  
Address: 35 POMPANO AVENUE  
City-St-Zip: KEY LARGO, FL 33037

Title: D  
Name: NEITZER, ERIC  
Address: 13 CINDY PL  
City-St-Zip: KEY LARGO, FL 33037

Title: D  
Name: BARNETT, RAYMOND  
Address: P O BOX 370857  
City-St-Zip: KEY LARGO, FL 33037

Title: D  
Name: FORRER, JOHN  
Address: 300 OCEAN DRIVE #6  
City-St-Zip: KEY LARGO, FL 33037

Title: P  
Name: JENKINS, MICHAEL T  
Address: P.O. BOX 782  
City-St-Zip: KEY LARGO, FL 33037

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: MICHAEL T JENKINS

P

01/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date