

**FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY - 1 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 720 694  
1. Corporation Name

KEY LARGO CIVIC CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
209 Ocean Bay Drive	P.O. Box 1379
Key Largo, Fl. 33037	Key Largo, Fl. 33037

3. Date Incorporated or Qualified <i>April, 1971</i>	3a. Date of Last Report 2-27-93
4. FEI Number 65-010-5848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation files liability for interjurisdictional tax under S. 169.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suits, Apt. #, etc.	26. Suits, Apt. #, etc.
22. City & State	27. City & State
23. Zip * Country	28. Zip Country
24. Zip * Country	29. Zip Country
30. Zip Country	

9. Name and Address of Current Registered Agent

John W. Mather, Pres.  
231 Lance Lane  
Key Largo, Fl. 33037

10. Name and Address of New Registered Agent

81. Name	Mary E. Mather
82. Street Address (P.O. Box Number is Not Acceptable)	231 Lance Lane
83. City	Key Largo, FL
84. Zip Code	33037

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named Corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Mary E. Mather DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when re-stating DATE

12. OFFICERS AND DIRECTORS	
TITLE	Mary E. Mather, Pres. <i>D</i>
NAME	231 Lance Lane
STREET ADDRESS	Key Largo, Fl. 33037
CITY - ST - ZIP	
TITLE	Ernest Decker <i>D</i>
NAME	331 Ryan Ave.
STREET ADDRESS	Key Largo, Fl. 33037
CITY - ST - ZIP	
TITLE	Yvonne Osmun, Corres. Secy.
NAME	190 W. Ave. A
STREET ADDRESS	Key Largo, Fl. 33037
CITY - ST - ZIP	
TITLE	Thelma Page, Recording Secy.
NAME	412 S. Coconut Dr.
STREET ADDRESS	Tavernier, Fl. 33070
CITY - ST - ZIP	
TITLE	Joyce Harris, Treasurer <i>D</i>
NAME	169 Ocean Shores Dr.
STREET ADDRESS	Key Largo, Fl. 33037
CITY - ST - ZIP	
TITLE	Marge Sinke, Director
NAME	15 Bonefish Ave.,
STREET ADDRESS	Key Largo, Fl. 33037
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	300001472973
2.4 CITY - ST - ZIP	-05/03/95 --01054--015
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	*****68.75 *****68.75
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary E. Mather MARY E. MATHER *4/19/95* 305-457-3337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER