

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 720694 (9)

1. Corporation Name
KEY LARGO CIVIC CLUB, INC.



Principal Place of Business: 209 OCEAN BAY DR, KEY LARGO FL 33037, US
Mailing Address: P O BOX 1379, KEY LARGO FL 33037, US

3. Date Incorporated or Qualified: 04/12/1971
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business: as above	2a. Mailing Address: as above	4. FEI Number: 65-0105848	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MATHER, MARY E
231 LANCE LANE
KEY LARGO FL 33037

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MATHER, MARY E. <input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 231 LANCE LANE		1.2 NAME:	
CITY-ST-ZIP: KEY LARGO FL		1.3 STREET ADDRESS:	
TITLE: TD	NAME: HARRIS, JOYCE <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 169 OCEAN SHORES DR		2.2 NAME:	
CITY-ST-ZIP: KEY LARGO FL		2.3 STREET ADDRESS:	
TITLE: D	NAME: SINKE, MARGE <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP:	
STREET ADDRESS: 15 BONEFISH AVE		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: KEY LARGO FL		3.2 NAME:	
TITLE: D	NAME: DECKER, ERNEST <input type="checkbox"/> DELETE	3.3 STREET ADDRESS:	
STREET ADDRESS: 331 RYAN AVE.		3.4 CITY-ST-ZIP:	
CITY-ST-ZIP: KEY LARGO FL		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: RS	NAME: PAGE, THELMA <input type="checkbox"/> DELETE	4.2 NAME:	
STREET ADDRESS: 412 S COCONUT DR		4.3 STREET ADDRESS:	
CITY-ST-ZIP: TAVERNIA FL		4.4 CITY-ST-ZIP:	
TITLE: CS	NAME: OSMUN, YVONNE <input checked="" type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 190 W AVE A		5.2 NAME:	
CITY-ST-ZIP: KEY LARGO FL		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:	Dorothy Brindle
		6.4 CITY-ST-ZIP:	219 S. Harbor Dr.
			Key Largo, FL, 33037

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 119.07(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: _____ DATE: _____ DAYTIME PHONE #: 305-451-3237

CR2E037 (12/95)