

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 # 726659 (6)  
1. Corporation Name  
UPPER KEYS HUMANE SOCIETY, INC.



Principal Place of Business

Mailing Address

MILE MARKER 101.5 US #1  
P. O. BOX 511  
KEY LARGO FL 33037

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P. O. BOX 511  
KEY LARGO FL 33037

3. Date Incorporated or Qualified  
06/12/1973

3a. Date of Last Report  
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
23-7434680

Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRUCKMAN, KENNETH, ATTY.  
U.S. #1, MILE MARKER 106  
KEY LARGO FL 33037

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE PD ☐ DELETE  
NAME LOWERY, JANE  
STREET ADDRESS 112 SABAL PALM LANE  
CITY-STATE-ZIP TAVERNIER FL

1.1 TITLE Sue/Theresa D ☐ Change ☒ Addition  
1.2 NAME MARSIE INGERSON  
1.3 STREET ADDRESS 145 WEST AVENUE C  
1.4 CITY-STATE-ZIP Key Largo FL 33037

TITLE VPD ☐ DELETE  
NAME KETTMANN, KAREN  
STREET ADDRESS 108 PEACE RD.  
CITY-STATE-ZIP TAVERNIER FL

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME Scoutthorpe, William  
2.3 STREET ADDRESS 80 Perry Road  
2.4 CITY-STATE-ZIP Key Largo, FL 33037

TITLE D ☐ DELETE  
NAME RIEDER, KATIE  
STREET ADDRESS 133 GALLEON ROAD  
CITY-STATE-ZIP ISLAMORADO FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE D ☐ DELETE  
NAME HUTCHINGS, CLOVER  
STREET ADDRESS 322 RYAN AVENUE  
CITY-STATE-ZIP KEY LARGO FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE D ☐ DELETE  
NAME KOCH, MARCIA  
STREET ADDRESS 128 WEST AVENUE C  
CITY-STATE-ZIP KEY LARGO FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE D ☐ DELETE  
NAME KOCH, JAMES  
STREET ADDRESS 128 WEST AVENUE C  
CITY-STATE-ZIP KEY LARGO FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 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: MARSIE INGERSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/96  
Date

305-451-3848  
Daytime Phone #

CR2E037 (12/95)