

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006716

FILED
May 12, 2008
Secretary of State

Entity Name: FLORIDA KEYS FOSTER ADOPTIVE PARENT ASSOCIATION, INC.

Current Principal Place of Business:

694 DOLPHIN AVE
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1861
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 20-0141609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REYNAUD, LISA
694 DOLPHIN AVE
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: PRES () Delete
Name: MILLER, CINDI PRESIDE
Address: 220 LA PALOMA ROAD
City-St-Zip: KEY LARGO, FL 33037

Title: SEC () Delete
Name: LISA, REYNAUD SECRETA
Address: 694 DOLPHIN AVENUE
City-St-Zip: KEY LARGO, FL 33037

Title: VPRES (X) Delete
Name: KIM, ELLIS VICE PR
Address: 11 CORAL DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: TREA (X) Delete
Name: CUNNINGHAM, CHRISTINE
Address: 128 PACIFIC AVENUE
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: REYNAUD, LISA PRESIDE
Address: 694 DOLPHIN AVE
City-St-Zip: KEY LARGO, FL 33037

Title: VPRES (X) Change () Addition
Name: NORBERT, BIRNBAUM
Address: 1530 OCEAN BAY DR #404
City-St-Zip: KEY LARGO, FL 33037

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISA REYNAUD

Electronic Signature of Signing Officer or Director

PRES

05/12/2008

Date