

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006716

FILED  
Apr 10, 2009  
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 ( )

**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: REYNAUD, LISA PRESIDE  
Address: 694 DOLPHIN AVE  
City-St-Zip: KEY LARGO, FL 33037

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TREA ( ) Change (X) Addition  
Name: VOGT, NATALIE  
Address: 128 1ST ROAD  
City-St-Zip: KEY LARGO, FL 33037

Title: SEC ( ) Change (X) Addition  
Name: BROOKE, BARBARA  
Address: 133 THIRD LANE  
City-St-Zip: KEY LARGO, FL 33037

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

04/10/2009

\_\_\_\_\_ Date