

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006716

**FILED**  
**Apr 20, 2010**  
**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  
Name: REYNAUD, LISA PRESIDE  
Address: 694 DOLPHIN AVE  
City-St-Zip: KEY LARGO, FL 33037

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

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

Title: SEC  
Name: BROOKE, BARBARA  
Address: 133 THIRD LANE  
City-St-Zip: KEY LARGO, FL 33037

I hereby 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 all other like empowered.

SIGNATURE: LISA REYNAUD

PRES

04/20/2010

Electronic Signature of Signing Officer or Director

Date