

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
- 1995



FLORIDA DEPARTMENT OF STATE  
Sandra M. Northrup  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1995 MAR -9 AM 10:09

DOCUMENT # **N36293** (1)

1. Corporation Name

**FLORIDA KEYS AREA HEALTH EDUCATION CENTER PROGRA  
M, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

~~674-G JOHNSON ROAD~~  
~~SUGARLOAF KEY FL 33042~~

~~674-G JOHNSON ROAD~~  
~~SUGARLOAF KEY FL 33042~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/25/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0183810** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address

27 **8901 Overseas Highway**

28 **8901 Overseas Highway**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State

27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

23 **Marathon, FL**

28 **Marathon, FL**

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

24 Zip **33050** 25 Country **USA**

29 Zip **33050** 30 Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~XXXXXXXXXXXX~~ Diana Mellon-Lacey  
~~674-G JOHNSON RD.~~ 8901 Overseas Highway  
~~SUGARLOAF KEY FL 33042~~ Marathon, FL 33050

81 Name **Diana Mellon-Lacey**  
82 Street Address (P.O. Box Number is Not Acceptable) **8901 Overseas Highway**  
83  
84 City **Marathon, FL** 85 Zip Code **33050**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Diana M. Mellon-Lacey Executive Director 2-13-95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **ROGERS, CAROL**  
STREET ADDRESS **5900 JUNIOR COLLEGE RD.**  
CITY-ST-ZIP **KEY WEST FL 33040**

11 TITLE  Change  Addition  
12 NAME **000001426770**  
13 STREET ADDRESS **-03/10/95--01042--020**  
14 CITY-ST-ZIP **\*\*\*\*\*68.75 \*\*\*\*\*68.75**

TITLE **CD**  
NAME **DOOLEY, COLEEN**  
STREET ADDRESS **5901 W. COLLEGE RD.**  
CITY-ST-ZIP **KEY WEST FL 33040**

21 TITLE  Change  Addition  
22 NAME **000001426770**  
23 STREET ADDRESS **-03/10/95--01042--021**  
24 CITY-ST-ZIP **\*\*\*\*\*1.25 \*\*\*\*\*1.25**

TITLE **SD**  
NAME **TRIBBLE, RICK**  
STREET ADDRESS **MONROE CO. DETENTION CTR - 5501 COLLEGE RD**  
CITY-ST-ZIP **KEY WEST FL 33040**

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **TD**  
NAME **DANSBY, BRADLEY JR.**  
STREET ADDRESS **70 SAWYER DR.**  
CITY-ST-ZIP **SUMMERLAND KEY FL 33042**

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  Change  Addition  
52 NAME **Executive Director**  
53 STREET ADDRESS **Diana Mellon-Lacey**  
54 CITY-ST-ZIP **8901 Overseas Highway**  
**Marathon, FL 33050**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  Change  Addition  
62 NAME **DA**  
63 STREET ADDRESS **3-9**  
64 CITY-ST-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 110.07(3)(b), 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: Diana M. Mellon-Lacey Diana Mellon-Lacey 1/31/95 305-743-7111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #