# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N36293

Apr 25, 2007 Secretary of State

Entity Name: FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5800 OVERSEAS HIGHWAY SUITE #38

MARATHON, FL 33050

**New Mailing Address: Current Mailing Address:** 

5800 OVERSEAS HIGHWAY SUITE #38 MARATHON, FL 33050

FEI Number: 65-0183810 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YANKOW, NANCY 88101 OVERSEAS HIGHWAY ISLAMORADA, FL 33036

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:

Date

### Electronic Signature of Registered Agent

#### **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete MIRANDA BAKER, JILL MIRANDA BAKER, JILL Name: Name: 91500 OVERSEAS HIGHWAY Address: 91500 OVERSEAS HIGHWAY Address: City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: TAVERNIER, FL 33070

Title: PD ( ) Delete Title: VD (X) Change ( ) Addition WALKER, ROBERT Name: BASSETT, KIM Name:

Address: 1434 KENNEDY DRIVE Address: 3301 OVERSEAS HWY City-St-Zip: KEY WEST, FL 33040 City-St-Zip: MARATHON, FL 33050

Title: () Delete Title: () Change () Addition

HENRIQUEZ, MICHAEL Name: Name: Address: 241 TRUMBO ROAD Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip:

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

DEMOSS, MARLO Name: BRIAN, EAGLESTON Name: 164 JASMINE STREET Address: 253 29TH STREET Address: City-St-Zip: MARATHON, FL 33050 City-St-Zip: TAVERNIER, FL 33070

Title: () Delete Title: (X) Change ( ) Addition

MICHAEL, CUNNINGHAM MICHAEL, CUNNINGHAM Name: Name: 5800OVERSEAS HIGHWAY, STE #38

9713 OVERSEAS HIGHWAY Address: Address: City-St-Zip: MARATHON, FL 33050 City-St-Zip: MARATHON, FL 33050

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: MICHAEL L. CUNNINGHAM D 04/25/2007