**FILED**
**Jul 02, 2002 8:00 am**
**Secretary of State**
05-01-2002 91561 032 ****70.00

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47087

1. Entity Name
Key's Children's Foundation, Inc.

**DO NOT WRITE IN THIS SPACE**

[redacted]

37168

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4 South Rd | 24 Dockside Lane # |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. P.O.B. 139 |
| City & State: Key LaRgo, Fl. | City & State: Key LaRgo, Fl |
| Zip: 33037 Country: USA | Zip: 33037 Country: USA |

4. FEI Number — Applied For ☐ Not Applicable ☑

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Sandra T. Lynn, Esq. P.A.

Street Address (P.O. Box Number is Not Acceptable): 830 N. Krome Avenue

City: Homestead FL Zip Code: 33030

8. 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: Evelyn F. Gosko Evelyn F. Gosko Sandra T. Lynn 5/20/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

**FEE IS $61.25**
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE: President<br>NAME: Evelyn F. Gosko D<br>STREET ADDRESS: 4 South Rd.<br>CITY-ST-ZIP: Key LaRgo, Fl. 33037 | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE: Vice-president-<br>NAME: Barbara Wolf D<br>STREET ADDRESS: 9 Channel Cay Rd.<br>CITY-ST-ZIP: Key LaRgo Fl 33037 | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE: Treasurer-<br>NAME: John Zieck D<br>STREET ADDRESS: 9 Harbor Lane<br>CITY-ST-ZIP: Key LaRgo, Fl. 33037 | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE: Secretary<br>NAME: Mary McCellum D<br>STREET ADDRESS: 12 Osprey Lane<br>CITY-ST-ZIP: Key LaRgo, Fl 33037 | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |

**DO NOT WRITE IN THIS SPACE**

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Evelyn F. Gosko Evelyn F. Gosko April 10, 2002 305-3694211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #