2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N47087

Entity Name: KEYS CHILDREN'S FOUNDATION, INC.

Current Principal Place of Business:

4 SOUTH RD
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

24 DOCKSIDE LANE
P M B # 139
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNN, SANDRA T ESQ
830 N KROME AVE
HOMESTEAD, FL 33030 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:	D	( ) Delete
Name:	BOSOLD, DONNA	
Address:	P.O. BOX 3192	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	D	( ) Delete
Name:	DAVEY, JEAN B	
Address:	9 MAHOGANY LANE	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	D	( ) Delete
Name:	DAVIDSON, PAULA	
Address:	437 SOUTH HARBOR DRIVE	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	D	( ) Delete
Name:	DICKINSON, REBECCA	
Address:	4 DOCKSIDE LANE #410	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	D	( ) Delete
Name:	FORD, FRANCEE	
Address:	41 CARD SOUND ROAD	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	D	( ) Delete
Name:	HARRINGTON, NANCY	
Address:	13 SAIL POINT LANE	
City-St-Zip:	KEY LARGO, FL 33037	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JEAN B. DAVEY D 04/16/2009

Electronic Signature of Signing Officer or Director — Date