

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005847 (8)

1. Corporation Name

FKEC MEMBERS CHARITABLE TRUST, INC.

Principal Place of Business

**91605 OVERSEAS HIGHWAY
TAVERNIER FL 33070**

Mailing Address

**91605 OVERSEAS HIGHWAY
TAVERNIER FL 33070**



3. Date Incorporated or Qualified

11/21/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0536026

Applied For

☐ Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

29

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUSSELL, CHARLES A
91605 OVERSEAS HIGHWAY
TAVERNIER FL 33070**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **PD** ☐ DELETE
NAME **BARRETT, H.B. HAL**
STREET ADDRESS **POST OFFICE BOX 413 N/A**
CITY-ST-ZIP **ISLAMORADA FL**

11 TITLE **TD** ☒ Change ☒ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP **33036**

TITLE **D** ☐ DELETE
NAME **BORGUSS, LLOYD**
STREET ADDRESS **POST BOX 2728 N/A**
CITY-ST-ZIP **KEY LARGO FL**

21 TITLE ☐ Change ☒ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP **33037**

TITLE **VCD** ☐ DELETE
NAME **LYE, FRANCIS**
STREET ADDRESS **88181 OLD HIGHWAY**
CITY-ST-ZIP **ISLAMORADA FL**

31 TITLE ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP **33036**

TITLE **CD** ☐ DELETE
NAME **GRADICK, KAY**
STREET ADDRESS **POST OFFICE BOX 500927 N/A**
CITY-ST-ZIP **MARATHON FL**

41 TITLE ☐ Change ☒ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP **33050**

TITLE **SD** ☒ DELETE
NAME **HUTCHINGS, CLOVER D**
STREET ADDRESS **322 RYAN AVE.**
CITY-ST-ZIP **KEY LARGO FL**

51 TITLE ☒ Change ☐ Addition
52 NAME **McDonald, Tom**
53 STREET ADDRESS **91551 Overseas Highway**
54 CITY-ST-ZIP **Tavernier FL 33070**

TITLE **D** ☐ DELETE
NAME **KOPCZYK, HELEN**
STREET ADDRESS **75501 OVERSEAS HWY.**
CITY-ST-ZIP **ISLAMORADA FL 33036**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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 119.07(3)(k), 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:

Katharine S. Gradick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Katharine S. Gradick, Chairman

Date

2/5/96 (305) 852-2431

Daytime Phone #

CR2E037 (12/95)