

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000005847

1. Entity Name
FKEC MEMBERS CHARITABLE TRUST, INC.



Principal Place of Business
91605 OVERSEAS HIGHWAY
TAVERNIER, FL 33070

Mailing Address
91605 OVERSEAS HIGHWAY
TAVERNIER, FL 33070



03052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0536026

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWBERRY, G. SCOTT9Y N
91605 OVERSEAS HIGHWAY
TAVERNIER, FL 33070

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WAMPLER, SHARON
STREET ADDRESS	129 NAUTILUS DR.
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	VP
NAME	BORGUSS, LLOYD
STREET ADDRESS	26 CORRINE PLACE
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	S
NAME	MACALUSO, TONY
STREET ADDRESS	91731 OVERSEAS HIGHWAY
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	CD
NAME	GRADICK, KAY
STREET ADDRESS	POST OFFICE BOX 500927 N/A
CITY-ST-ZIP	MARATHON, FL
TITLE	D
NAME	MARLIN, SIMON
STREET ADDRESS	PO BOX 904
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	T
NAME	KNUDSEN, JUANITA
STREET ADDRESS	48 RUSSELL LANE NORTH
CITY-ST-ZIP	ISLAMORADA, FL

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03/19/07-80013-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine Gradick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine Gradick

3/5/2007

(305) 852-2431

Date

Daytime Phone #