


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90012 027 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000002505**  
 1. Corporation Name  
**KEYS-WIDE CIVIC ASSOCIATION, INC.**

5 4 7 6 8 1  
 547601 - 90026 - 19

Principal Place of Business 24949 PALM LANE SUMMERLAND KEY FL 33042	Mailing Address P.O. BOX 421148 SUMMERLAND KEY FL 33042-1148
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 04/30/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0869770 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MILLS, CHARLES R JR 24949 PALM LANE SUMMERLAND KEY FL 33042		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 617.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES R MILLS SR	1.2 NAME	
STREET ADDRESS	24950 PALM LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	1.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT MILLS	2.2 NAME	
STREET ADDRESS	24940 palm ln	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	2.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUANITA CARPENTER	3.2 NAME	
STREET ADDRESS	24950 PALM LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA YORDE	4.2 NAME	
STREET ADDRESS	155 AIRPORT DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	N SUMMERLAND KEY FL 33042	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE SKINKEVICH	5.2 NAME	
STREET ADDRESS	1206 NW SHORE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL 33043	5.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE PAXTON	6.2 NAME	
STREET ADDRESS	22338 JOLLY ROGER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CUDJOR KEY FL 33042	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: PAT MILLS SR. 2-23-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)