FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:22

DOCUMENT # N92000000196 (7)

1. Corporation Name
UPPER KEYS ROTARY FOUNDATION, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1514 TAVERNIER FL 33070	POST OFFICE BOX 1514 TAVERNIER FL 33070

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1992
3a. Date of Last Report: 07/08/1994
4. FEI Number: 65-0385528 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RUSSELL, CHARLES A
125 GUMBO LIMBO RD.
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BARRETT, H. B	1.2 NAME	
STREET ADDRESS	455 PALM DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	IZANEC, JOHN L	2.2 NAME	
STREET ADDRESS	819 BONITO - LEFT	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	MULICK, NICHOLAS W	3.2 NAME	
STREET ADDRESS	C/O BECKMEYER & MULICK, 88539 OVERSEAS HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	REGAN, ROBERT	4.2 NAME	
STREET ADDRESS	110 REDWIN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, CHARLES A	5.2 NAME	
STREET ADDRESS	125 GUMBO LIMBO RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BOSOLD, DONNA	6.2 NAME	
STREET ADDRESS	640 LA POLOMA	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	6.4 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)(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.

SIGNATURE: Charles A Russell CHARLES A RUSSELL 2/9/95 305-852-2431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040448