

FILE NOW: FILING FEE IS \$61.25

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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002350 (4)**
1. Corporation Name

COMMUNITY FOUNDATION OF THE FLORIDA KEYS, INC.



Principal Place of Business 1010 KENNEDY DRIVE KEY WEST FL 33040	Mailing Address 1010 KENNEDY DRIVE KEY WEST FL 33040
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2. Principal Place of Business 21 P.O. Box 2186 Suite, Apt. #, etc. 22 Key West City & State 23 Key West, FLA Zip 24 33040	2a. Mailing Address 26 P.O. Box 2186 Suite, Apt. #, etc. 27 Key West City & State 28 Key West, FL Zip 29 33040	Country 25 MONROE Country 30 MONROE
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3. Date Incorporated or Qualified 05/01/1996
4. FEI Number 65-0648968
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent PADRON, ROBERT R 1626 SOUTH ST. KEY WEST FL 33040

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
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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 **Robert R. Padron** *Robert R. Padron* DATE **4-15-98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE C BLOCK, EDWARD 1900 TROPICAL AVE KEY WEST FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D PERMAN, MARK MD 105 FRONT ST #122 KEY WEST FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE ST PADRON, ROBERT R 1626 SOUTH ST KEY WEST FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D GREEN, MARVA 1438 KENNEDY DR KEY WEST FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D RANGER, JUDITH 519 ELIZABETH ST KEY WEST FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D MERRILL, SCOTT 1500 ATLANTIC BLVD, #203 KEY WEST FL 33040

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Baker, Ray 1523 Washington St Key West, FL 33040
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ENWRIGHT, Rosemary P.O. Box 55 Key West, FL 33041
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D FRANK, NANCE 1717 George St. Key West, FL 33040
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Peters, Gib 1010 Kennedy Dr. Key West, FL 33040
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D TOPPINO, Frank P.O. Box 407 37 Evergreen Rd. Key West, FL 33040
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Shaw, Fred P.O. Box 2367 95156 Rose Dr. Key West, FL 33045 Big Pine Key FL 33049

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.

SIGNATURE: **Robert R. Padron** *Robert R. Padron* Sec. 17004 4-15-98

CR2E037 (1097)