


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90044 034 ****61.25

DOCUMENT # N92000000074

1. Entity Name
3406 NORTH ROOSEVELT BOULEVARD CORPORATION



Principal Place of Business
**1201 WHITE ST.
 102
 KEY WEST, FL 33040-3328 US**

Mailing Address
**1201 WHITE ST.
 102
 KEY WEST, FL 33040-3328 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0368637

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**HUTTON, SUZANNE A.
 502 WHITEHEAD ST.
 COURTHOUSE ANNEX, 3RD FLOOR
 KEY WEST, FL 33040**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, PETER	
STREET ADDRESS	PO BOX 527 MM 82	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TURNER, CARMEN	
STREET ADDRESS	525 ANGELA ST	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEINHOFER, CHRISTINA	
STREET ADDRESS	PO BOX 430652	
CITY-ST-ZIP	BIG PINE KEY, FL 33043	
TITLE	T	<input type="checkbox"/> Delete
NAME	BABICH, MATT	
STREET ADDRESS	1319 OVAL STREET	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	P	<input type="checkbox"/> Delete
NAME	INGRAM, MICHAEL	
STREET ADDRESS	1118 FLEMING ST.	
CITY-ST-ZIP	KEY WEST, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELBLING, JUNE	
STREET ADDRESS	PO BOX 522828	
CITY-ST-ZIP	MARATHON SHORES, FL 33050	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWIN SCALES III	
STREET ADDRESS	201 FRONT ST., SUITE 333	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael Ingram January 10, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

#N9200000074

3406 NORTH ROOSEVELT BOULEVARD CORPORATION
1201 White Street, Suite 102
Key West, Florida 33040

Michael Ingram, President
Board of Directors
Mr. Matt Babich
Mr. Todd Firm
Ms. June Helbling
Mr. Peter Henry
Mayor Murray Nelson
Mr. Robert Padron
Commissioner Edwin Scales
Ms. Christina Weinhofer

January 6, 2004

Florida Department of State

Re: Nonprofit Corporation Annual Report

11.	Title	Co-Treasurer
	Name	Todd B. Firm
	Street Address	99696 Overseas Highway, Unit # 1
	City-St-ZIP	Key Largo, Florida 33037
	Title	Director
	Name	Mayor Murray Nelson
	Street Address	99198 Overseas Highway, Damaron Bld., Suite 2
	City-St-ZIP	Key Largo, Florida 33037
	Title	Vice President
	Name	Robert Padron
	Street Address	P. O. Box 921
	City-St-ZIP	Key West, Florida 33041-0921