


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90037 044 \*\*\*\*61.25

<b>DOCUMENT # N92000000196</b> 1. Entity Name UPPER KEYS ROTARY FOUNDATION, INC.	
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Principal Place of Business 91645 OVERSEAS HWY TAVERNIER, FL 33070	Mailing Address 91645 OVERSEAS HWY TAVERNIER, FL 33070
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

01162007 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0385528

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

<b>6. Name and Address of Current Registered Agent</b>
MULICK, NICHOLAS W ESQ NICHOLAS W MULICK, PA 91645 OVERSEAS HWY TAVERNIER, FL 33070

<b>7. Name and Address of New Registered Agent</b>
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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YPSILANTI, CHRIS 238 2ND ROAD KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Don Horton 144 Apache St Tavernier, FL 33070 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHANEY, RANDY 124 BEE STREET TAVERNIER, FL 33070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE LUPINO, JAMES S 12 SOUTH DRIVE KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERTEL, GEORGE 136 SEASHORE DR ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROTH, JOE H II 183 KAHIKI DRIVE TAVERNIER, FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULICK, NICHOLAS W 91645 OVERSEAS HWY TAVERNIER, FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> 	Nicholas W. Mulick	1-16-07	305-852-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #