2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90052 001 ****61.25

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1. Entity Name
COMMUNITY FOUNDATION OF THE FLORIDA KEYS, INC.

Principal Place of Business	Mailing Address
300 SOUTHARD ST SUITE 202-203 KEY WEST, FL 33040 US	PO BOX 162 KEY WEST, FL 33041-0162 US

03162008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0648968 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FREEMAN, SHIRLEY 724 EATON ST KEY WEST, FL 33040	Name JON ALLEN Street Address (P.O. Box Number is Not Acceptable) 1129 FLEMING ST. City KEY WEST FL Zip Code 33040

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.

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

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BELLAND, CHRIS 201 FRONT ST. KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jon Allen 1129 Fleming Street Key West FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD SHARP, KAREN P.O. BOX 420719 SUMMERLAND KEY, FL 33042	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DOMANSKI, KEN 760 WASHINGTON ST KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COOKE, JOHN K JR. 3420 NORTHSIDE DR. KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MIANI, PHLLIP 1007 TRUMAN AVE. KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VO SMITH, JIM 1448 KENNEDY DR. KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: X Jon K Allen
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #