

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 04, 2009
Secretary of State

DOCUMENT# N96000002350

Entity Name: COMMUNITY FOUNDATION OF THE FLORIDA KEYS, INC.**Current Principal Place of Business:**300 SOUTHARD ST
SUITE 202-203
KEY WEST, FL 33040 US**New Principal Place of Business:**300 SOUTHARD ST
SUITE 201
KEY WEST, FL 33040 US**Current Mailing Address:**300 SOUTHARD ST
SUITE 202-203
KEY WEST, FL 33040 US**New Mailing Address:**300 SOUTHARD ST
SUITE 201
KEY WEST, FL 33040 US**FEI Number:** 65-0648968**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALLEN, JON
1129 FLEMING ST
KEY WEST, FL 33040 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** SD () Delete
Name: SMITH, JIM
Address: 1448 KENNEDY DRIVE
City-St-Zip: KEY WEST, FL 33040 US**Title:** VTD () Delete
Name: SHARP, KAREN
Address: P.O. BOX 420719
City-St-Zip: SUMMERLAND KEY, FL 33042**Title:** VD () Delete
Name: DOMANSKI, KEN
Address: 760 WASHINGTON ST
City-St-Zip: KEY WEST, FL 33040**Title:** VD () Delete
Name: COOKE, JOHN K JR.
Address: 3420 NORTHSIDE DR.
City-St-Zip: KEY WEST, FL 33040**Title:** VD () Delete
Name: MAYBERRY, DOUG
Address: 1010 VARELA STREET #1
City-St-Zip: KEY WEST, FL 33040**Title:** VD () Delete
Name: MORGAN, DOUG
Address: 3706-H NORTH ROOSEVELT BLVD.
City-St-Zip: KEY WEST, FL 33040**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** TD (X) Change () Addition
Name: SMITH, JIM
Address: 1448 KENNEDY DRIVE
City-St-Zip: KEY WEST, FL 33040 US**Title:** CD (X) Change () Addition
Name: ALLEN, JON
Address: 1129 FLEMING STREET
City-St-Zip: KEY WEST, FL 22030**Title:** SD (X) Change () Addition
Name: DOMANSKI, KEN
Address: 760 WASHINGTON ST
City-St-Zip: KEY WEST, FL 33040**Title:** VD (X) Change () Addition
Name: PORTER, WILLIAM
Address: P.O. BOX 5857
City-St-Zip: KEY WEST, FL 33045**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VD (X) Change () Addition
Name: CLEMMENTS, THOMAS
Address: 1025 FLEMING ST.
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON ALLEN

CD

09/04/2009

Electronic Signature of Signing Officer or Director

Date