2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006470

Entity Name: FLORIDA KEYS HUMANE SOCIETY, INC.

Current Principal Place of Business:

C/O TAMMY FOX-ROYER 5711 COLLEGE ROAD KEY WEST, FL 33040

Current Mailing Address:

C/O TAMMY FOX-ROYER 5711 COLLEGE ROAD KEY WEST, FL 33040 US

FEI Number: 46-3041583 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOX-ROYER, TAMMY 5711 COLLEGE ROAD KEY WEST, FL 33040 US

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: TAMMY FOX-ROYER 03/16/2023

Title

Electronic Signature of Registered Agent

Date

FILED Mar 16, 2023

Secretary of State

8285838918CC

Officer/Director Detail:

Title P, D Title **TREASURER** TURNER. SUE Name JOHNSON, JEFFREY Name

Address 1125 VON PHISTER STREET Address 6800 MALONEY AVE.

#47

MEMBER

City-State-Zip: KEY WEST FL 33040 KEY WEST FL 33040 City-State-Zip:

Title **SECRETARY**

Title JAMISON, AMY Name

Name WALKER, LINDA Address 2604 PATTERSON AVENUE

TWO TURTLES LANE Address KEY WEST FL 33040

City-State-Zip: City-State-Zip: KEY WEST FL 33040

Title **MEMBER**

Name SNOW, LURANA HON Name BENKOCZY, JIM

Address 30836 DELGADO LN Address **KEY WEST**

City-State-Zip: BIG PINE KEY FL 33043 City-State-Zip: KEY WEST FL 33040

Title **MEMBER** Title MEMBER

Name EADIE, GAYLE EATON, DOUG DR. Name

Address 55 SPOONBILL WAY Address **KEY WEST**

KEY WEST FL 33040 City-State-Zip: City-State-Zip: KWY WEST FL 33040

Continues on page 2

I hereby 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 all other like empowered.

03/16/2023 SIGNATURE: AMY JAMISON SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title MEMBER Title MEMEBER

Name FISHER, SHANNON Name SCHRECK, CAROL

Address 2645 GULFVIEW DR. Address KEY WEST

City-State-Zip: KW FL 33040 City-State-Zip: KEY WEST FL 33040