

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000004246

Entity Name: LATCHKEY LEAGUE, INC.**Current Principal Place of Business:**592 AVELLINO ISLES CIRCLE, #21302
NAPLES, FL 34119**Current Mailing Address:**P.O. BOX 413005
#221
NAPLES, FL 34101-3005 US**FEI Number:** 47-3966530**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAILEY, BETTY A
652-98TH AVENUE
NAPLES, FL 34108 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:** BETTY A BAILEY

01/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	BOYD, WILMA
Address	3430 GULF SHORE BLVD.N., #5-1
City-State-Zip:	NAPLES FL 34103

Title	SECRETARY
Name	WINGE, JACOB
Address	P.O. BOX 2525
City-State-Zip:	NAPLES FL 34106

Title	PRESIDENT
Name	BETTY, BAILEY A
Address	652-98TH AVENUE
City-State-Zip:	NAPLES FL 34108

Title	VP
Name	TEDDER, JUDY
Address	4336 MOURNING DOVE DRIVE
City-State-Zip:	NAPLES FL 34119

Title	VP
Name	YOUNG, ROBERT
Address	881 GULF PAVILION DRIVE 206
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR
Name	BETTIN, SALLY
Address	200 WYNDEMERE WAY 301
City-State-Zip:	NAPLES FL 34105

Title	DIRECTOR
Name	WILLIAMS, MYRA
Address	1626 CHINABERRY WAY
City-State-Zip:	NAPLES FL 34105

Title	DIRECTOR
Name	MERILLAT, LYNETTE
Address	2600 GORDON DRIVE
City-State-Zip:	NAPLES FL 34102

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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.

SIGNATURE: BETTY A BAILEY

PRESIDENT

01/30/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WARNER, RYAN
Address	P.O. BOX 2525
City-State-Zip:	NAPLES FL 34106