

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000007883

**Entity Name:** KEYS IMMIGRANT COALITION, INC.

**Current Principal Place of Business:**

830 OLIVIA ST.  
KEY WEST, FL 33040

**Current Mailing Address:**

830 OLIVIA ST.  
KEY WEST, FL 33040 US

**FEI Number: 84-2597486**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DUKE, NATALIA B  
830 OLIVIA ST.  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name DUKE, NATALIA B  
Address 830 OLIVIA ST.  
City-State-Zip: KEY WEST FL 33040

Title VP  
Name SCHWERMER, MARIE PATRICE  
Address 1402 OLIVIA STREET #2  
City-State-Zip: KEY WEST FL 33040

Title SECRETARY  
Name MCGUIRE, CAROLINE  
Address 300 TRUMAN AVE  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name AMANDA, VELAZQUEZ  
Address 11 HILTON HAVEN RD  
City-State-Zip: KEY WEST FL 33040

Title VP  
Name QUINTANILLA, SELENA  
Address 917 FRANCES ST  
APT 5  
City-State-Zip: KEY WEST FL 33040

*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: NATALIA DUKE**

**PRESIDENT**

**07/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date