

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36293

**Entity Name:** FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

**FILED**  
**Apr 15, 2022**  
**Secretary of State**  
**0022871906CC**

**Current Principal Place of Business:**

5800 OVERSEAS HIGHWAY  
SUITE #38  
MARATHON, FL 33050

**Current Mailing Address:**

5800 OVERSEAS HIGHWAY  
SUITE #38  
MARATHON, FL 33050 US

**FEI Number: 65-0183810**

**Certificate of Status Desired: No**

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

CUNNINGHAM, MICHAEL  
5800 OVERSEAS HWY  
SUITE # 38  
MARATHON, FL 33050 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: MICHAEL CUNNINGHAM**

**04/15/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, CHAIRMAN  
Name CORDELL, JAMES  
Address 91500 OVERSEAS HIGHWAY  
City-State-Zip: TAVERNIER FL 33070

Title CEO  
Name CUNNINGHAM, MICHAEL  
Address 5800 OVERSEAS HIGHWAY, STE #38  
City-State-Zip: MARATHON FL 33050

Title DIRECTOR  
Name MYERS, BRITT  
Address 714 OLIVIA ST, #10  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR, TREASURER  
Name ROBY, MARK  
Address 5901 W. COLLEGE ROAD  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name COLDIRON, MICHELLE  
Address 5800 OVERSEAS HIGHWAY  
SUITE #38  
City-State-Zip: MARATHON FL 33050

Title DIRECTOR  
Name CRANNEY, JESSICA  
Address 46 6TH AVENUE  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name HERRIN, FRAN  
Address 2824 PATTERSON AVE  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name BASS, JIMMY  
Address 5567 COLLEGE SR APT 3  
City-State-Zip: KEY WEST FL 33040

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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: CORDELL , JAMES**

**DIRECTOR**

**04/15/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           STEVENS, PATRICK  
Address        214 ANGLERS DRIVE S  
City-State-Zip: MARATHON FL 33050

Title           DIRECTOR  
Name           DELOACH, KATE  
Address        120 SUNRISE DRIVE  
City-State-Zip: TAVERNIER FL 33070