

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46258

**FILED**  
**Apr 11, 2013**  
**Secretary of State**  
**CC2783006286**

**Entity Name:** ROTARY CLUB OF KEY LARGO, INC.

**Current Principal Place of Business:**

97000 S. OVERSEAS HIGHWAY  
C/O HILTON KEY LARGO RESORT  
KEY LARGO, FL 33037

**Current Mailing Address:**

P.O. BOX 252  
KEY LARGO, FL 33037

**FEI Number:** 65-0298310

**Certificate of Status Desired:** No

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

BEATY, CRIS  
38 BAHAMA AVENUE  
KEY LARGO, FL 33037 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            PRESIDENT  
Name            LAVENE, KATRINA  
Address        P.O. BOX 252  
City-State-Zip: KEY LARGO FL 33037

Title            VP  
Name            MILLER, JENNIFER  
Address        P.O. BOX 252  
City-State-Zip: KEY LARGO FL 33037

Title            TREASURER  
Name            BEATY, CRIS  
Address        91630 OVERSEAS HWY  
City-State-Zip: TAVERNIER FL 33070

Title            SECRETARY  
Name            ALVAREZ, NANCY  
Address        P.O. BOX 252  
City-State-Zip: KEY LARGO FL 33037

Title            DIRECTOR  
Name            MCAFEE, DEBORAH  
Address        P.O. BOX 252  
City-State-Zip: KEY LARGO FL 33037

Title            DIRECTOR  
Name            POWERS, CHERYL  
Address        P.O. BOX 252  
City-State-Zip: KEY LARGO FL 33037

Title            DIRECTOR  
Name            BOILINI, JIM  
Address        P.O. BOX 252  
City-State-Zip: KEY LARGO FL 33037

Title            DIRECTOR  
Name            SHIPLEY, MIKE  
Address        P.O. BOX 252  
City-State-Zip: KEY LARGO FL 33037

**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.*

**SIGNATURE:** CRIS BEATY

**TREASURER**

**04/11/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DREAVER, TED  
Address P.O. BOX 252  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name BRITO, DEENA  
Address P.O. BOX 252  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name ANDREWS, DAVE  
Address P.O. BOX 252  
City-State-Zip: KEY LARGO FL 33037