

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002350

Entity Name: COMMUNITY FOUNDATION OF THE FLORIDA KEYS, INC.**Current Principal Place of Business:**300 SOUTHARD ST
SUITE 201
KEY WEST, FL 33040**Current Mailing Address:**300 SOUTHARD ST
SUITE 201
KEY WEST, FL 33040 US**FEI Number:** 65-0648968**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUTTON, DIANNA
300 SOUTHARD ST
SUITE 201
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	CHAIRMAN
Name	SPOTTSWOOD, ROBERT
Address	300 SOUTHARD STREET, SUITE 201
City-State-Zip:	KEY WEST FL 33040

Title	SECRETARY
Name	OROPEZA, GREG
Address	300 SOUTHARD STREET, SUITE 201
City-State-Zip:	KEY WEST FL 33040

Title	TREASURER
Name	SHARP, KAREN
Address	300 SOUTHARD STREET
City-State-Zip:	KEY WEST FL 33040

Title	VC
Name	CARDENAS, SUSAN
Address	300 SOUTHARD STREET, SUITE 201
City-State-Zip:	KEY WEST FL 33040

Title	VC
Name	REYNOLDS, ANN
Address	300 SOUTHARD STREET, SUITE 201
City-State-Zip:	KEY WEST FL 33040

Title	VC
Name	HEINEN, ROGER
Address	300 SOUTHARD ST STE #201
City-State-Zip:	KEY WEST FL 33040

Title	VC
Name	CLEMENTS, TOM
Address	300 SOUTHARD ST STE #201
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: ROBERT SPOTTSWOOD**CHAIRMAN****03/13/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date