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: MICHAEL STANLEY

Electronic Signature of Signing Officer/Director Detail

	Name and Address of Current Registered Agent:		
	STANLEY, MICHAEL ANDREW 300 ATLANTIC DRIVE 10 KEY LARGO, FL 33037 US		
The above named entity submits this statement for the purpose of changing its registered office or reg.		ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the	
	SIGNATURE:	MICHAEL STANLEY	
		Electronic Signature of Registered Agent	

ne State of Florida.

Title

Title

Name

Address

Name

Address

City-State-Zip:

City-State-Zip:

PRESIDENT

10

10

TREASURER

SANTE, CHRIS

TREASURER

300 ATLANTIC DR

KEY LARGO FL 33037

300 ATLANTIC DRIVE

KEY LARGO FL 33037

STANLEY, MICHAEL ANDREW

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUA	L REPORT

#### DOCUMENT# N98000005559

Entity Name: THE KEY LARGO LIONS FOUNDATION, INC.

### **Current Principal Place of Business:**

**5 HOMESTEAD AVE** KEY LARGO, FL 33037

## **Current Mailing Address:**

P.O. BOX 370005 KEY LARGO, FL 33037 US

# FEI Number: 65-0865820

**Officer/Director Detail :** 

VP

10

SECRETARY

SANTE, PAM

300 ATLANTIC DR

KEY LARGO FL 33037

MESA, ISABEL

1124 GULFSTREAM LN.

KEY LARGO FL 33037

Title

Title

Name

Address

Name

Address

City-State-Zip:

City-State-Zip:

04/27/2021 Date

Certificate of Status Desired: No

04/27/2021

Date