

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701000

FILED
Mar 11, 2010
Secretary of State

Entity Name: OLD ISLAND RESTORATION FOUNDATION, INC.

Current Principal Place of Business:

OLDEST HOUSE AND GARDEN
322 DUVAL ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 689
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 59-1007915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRISCOLL, MICHAEL P
322 DUVAL STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

SMITH, LYNN M
322 DUVAL STREET
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: LYNN M SMITH

03/11/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MINORE, ANTHONY
Address: 8 MCCAULY LANE
City-St-Zip: GEIGER KEY, FL 33040

Title: VP
Name: KRABIL, MITZI
Address: 1415 NEWTON ST
City-St-Zip: KEY WEST, FL 33040

Title: SEC
Name: SMITH, LYNN M
Address: 712 WILLIAM ST
City-St-Zip: KEY WEST, FL 33040

Title: TREA
Name: BLACK, STEVEN R
Address: 9 SPOONBILL WAY
City-St-Zip: KEY WEST, FL 33040

Title: EC
Name: CHASE, AUDREE
Address: 1403 OLIVIA ST
City-St-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: STEVEN R BLACK

TREA

03/11/2010

Electronic Signature of Signing Officer or Director

Date