

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701924

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: FLORIDA KEYS OUTBOARD CLUB INC

## Current Principal Place of Business:

410 MAHOGANY CIRCLE  
KEY LARGO, FL 33037

## New Principal Place of Business:

## Current Mailing Address:

410 MAHOGANY CIRCLE  
KEY LARGO, FL 33037

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHILDREE, RONALD M  
97652 OVERSEAS HWY APT T-12  
KEY LARGO, FL 33037 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: ZIOMEK, DIANE  
Address: 101 MILANO DR  
City-St-Zip: ISLAMORADA, FL 33036

Title: T ( ) Delete  
Name: JOHNSON, DARYL S  
Address: 410 MAHOGANY CIRCLE  
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete  
Name: GONZALEZ, DANA  
Address: 145 SAN REMO DR  
City-St-Zip: ISLAMORADA, FL 33036

Title: P ( ) Delete  
Name: CHILDREE, RON  
Address: 77652 O/S HWY  
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete  
Name: ROE, LEN  
Address: 112 HARBOR LANE  
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete  
Name: LUSE, BOB  
Address: 135 HARBOR LN  
City-St-Zip: TAVERNIER, FL 33070

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MESSINA, PAUL  
Address: 178 PLANTATION AVE.  
City-St-Zip: TAVERNIER, FL 33070

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SORRELL, MIKE  
Address: 412 SUNSHINE BLVD.  
City-St-Zip: TAVERNIER, FL 33070

Title: D (X) Change ( ) Addition  
Name: CONKLIN, RITA  
Address: P.O. BOX 431  
City-St-Zip: ISLAMORADA, FL 33036

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RON CHILDREE

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date