FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 3:54

DOCUMENT # 726659 (6)

1. Corporation Name
UPPER KEYS HUMANE SOCIETY, INC.

Principal Place of Business	Mailing Address
MILE MARKER 101.5 US #1 P. O. BOX 511 KEY LARGO FL 33037	MILE MARKER 101.5 US #1 P. O. BOX 511 KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1973
3a. Date of Last Report: 01/24/1994
4. FEI Number: 23-7434680 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

DRUCKMAN, KENNETH, ATTY.
U.S. #1, MILE MARKER 106
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	LOWERY, JANE	1.2 NAME	KATIE RICHARDS	
STREET ADDRESS	112 SABAL PALM LANE	1.3 STREET ADDRESS	133 Gallion Rd.	
CITY-ST-ZIP	TAVERNIER FL	1.4 CITY-ST-ZIP	Tavernier, Fl. 33036	
TITLE	VPD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	KETTMANN, KAREN	2.2 NAME	Mayor Eloise Hutchins	
STREET ADDRESS	108 PEACE RD.	2.3 STREET ADDRESS	302 Ryan Ave	
CITY-ST-ZIP	TAVERNIER FL	2.4 CITY-ST-ZIP	Key Largo Fl. 33037	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	PRICE, HELEN	3.2 NAME	Marion Koch	
STREET ADDRESS	74 GULL LANE	3.3 STREET ADDRESS	128 West Ave C	
CITY-ST-ZIP	KEY LARGO FL	3.4 CITY-ST-ZIP	Key Largo, Fl. 33037	
TITLE	D	4.1 TITLE	D	☐ Change ☐ Addition
NAME	GRAY, BARBARA	4.2 NAME	James Koch	
STREET ADDRESS	74 GULL LANE	4.3 STREET ADDRESS	128 West Ave C	
CITY-ST-ZIP	KEY LARGO FL	4.4 CITY-ST-ZIP	Key Largo, Fl. 33037	
TITLE	STD	5.1 TITLE		☐ Change ☐ Addition
NAME	INGERSOLL, MARDIE	5.2 NAME		
STREET ADDRESS	AVE C., K.L. TRAILER VILLAGE	5.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SCULTHORPE, WILLIAM	6.2 NAME		
STREET ADDRESS	20 PERKY ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 changed or on an attachment with an address.

SIGNATURE: Mardie Ingersoll MARDIE Ingersoll 1/22/95 305-451-3583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #