

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **726659** (6)

1. Corporation Name
UPPER KEYS HUMANE SOCIETY, INC.



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

3. Date Incorporated or Qualified: **06/12/1973**
3a. Date of Last Report: **01/27/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	23-7434680	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	24	25
29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DRUCKMAN, KENNETH, ATTY. U.S. #1, MILE MARKER 106 KEY LARGO FL 33037		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Soc/Tras D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWERY, JANE	1.2 NAME	MARIE INGERSON
STREET ADDRESS	112 SABAL PALM LANE	1.3 STREET ADDRESS	145 WEST AVENUE C
CITY-ST-ZIP	TAVERNIER FL	1.4 CITY-ST-ZIP	Key Largo FL 33037
TITLE	VPO <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KETTMANN, KAREN	2.2 NAME	Scutthorpe, William
STREET ADDRESS	108 PEACE RD.	2.3 STREET ADDRESS	80 PERKY ROAD
CITY-ST-ZIP	TAVERNIER FL	2.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEDER, KATIE	3.2 NAME	
STREET ADDRESS	133 GALLEON ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINGS, CLOVER	4.2 NAME	
STREET ADDRESS	322 RYAN AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, MARCIA	5.2 NAME	
STREET ADDRESS	128 WEST AVENUE C	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, JAMES	6.2 NAME	
STREET ADDRESS	128 WEST AVENUE C	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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: **MARIE INGERSON** *MARIE INGERSON* 2/4/96 305-451-3848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)