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Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33037-0511

3. Date Incorporated or Qualified  
06/12/1973

3a. Date of Last Report  
02/08/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
23-7434680

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

Country

29

30

Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOWERY, JANE	
STREET ADDRESS	112 SABAL PALM LANE	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KETTMANN, KAREN	
STREET ADDRESS	108 PEACE RD.	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIEDER, KATIE	
STREET ADDRESS	133 GALLEON ROAD	
CITY-ST-ZIP	ISLAMORADO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHINGS, CLOVER	
STREET ADDRESS	322 RYAN AVENUE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOCH, MARCIA	
STREET ADDRESS	128 WEST AVENUE C	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOCH, JAMES	
STREET ADDRESS	128 WEST AVENUE C	
CITY-ST-ZIP	KEY LARGO FL	

1.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARDIE Ingersoll	
1.3 STREET ADDRESS	145 West Ave C	
1.4 CITY-ST-ZIP	Key Largo, FL. 33037	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ESTER MANN	
2.3 STREET ADDRESS	506 Sound Dr.	
2.4 CITY-ST-ZIP	Key Largo, FL. 33037	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William Southorpe	
3.3 STREET ADDRESS	20 Perry Rd.	
3.4 CITY-ST-ZIP	Key Largo, FL 33037	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SONIA FEIT	
4.3 STREET ADDRESS	202 NORMANDY Dr.	
4.4 CITY-ST-ZIP	TAVERNIER, FL. 33070	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: MARDIE Ingersoll, Ester Mann, William Southorpe, Sonia Feit, Marcia Koch, James Koch  
11/2/07 305-451-3583

CR2E037 (9/96)