


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90025 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 726659 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	



2. Principal Place of Business 21	2a. Mailing Address 26 <i>P.O. Box 511</i>	3. Date Incorporated or Qualified 06/12/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7434680
City & State 23	City & State 28 <i>Key Largo, FL</i>	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> -\$8.75 Additional Fee Required
29 <i>33037</i>	30 <i>USA</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 <i>Joseph Vetrick Atty</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>171 Hood Ave #16</i> 83 84 City <i>TAVERNIER</i> FL 85 Zip Code <i>33070</i>	
---	--	--	--

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: *Joseph Vetrick* DATE: *31 Jan 1999*

Signatures, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOWERY, JANE 112 SABAL PALM LANE TAVERNIER FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<i>Morton Feit D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>222 Normandy Drive</i> <i>TAVERNIER, FL. 33070</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KETTMANN, KAREN 108 PEACE RD. TAVERNIER FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<i>Sonia Feit VPD</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>222 NORMANDY DR.</i> <i>TAVERNIER, FL. 33070</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD INGERSOL, MARDIE L 145 WEST AVE C KEY LARGO FL 33872 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<i>Joseph Vetrick, Atty. D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>171 Hood Ave</i> <i>TAVERNIER, FL. 33070</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINGS, CLOVER 4209 WOODLAND CT SEBRING FL 38558 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<i>Fred Peacock, DVM D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>3000 100.6</i> <i>Key Largo, FL. 33037</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, ESTER 6 WOODLAND CT FAIRFIELD SLADE TN 38558 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCULTHORPE, WILLIAM 20 PERRY RD KEY LARGO FL 33037 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: *MARDIE Ingersol* SIGNATURE RECORDED *William Sculthorpe* DATE: *1/17/99* DAYTIME PHONE #: *305-451-3883*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

002-4806

CR2E037 (1/1/98)