2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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DOCUMENT #736108

FLORIDA KEYS CHAPTER THE IZAAK WALTON LEAGUE OF AMERICA, INC.



FILED Feb 28, 2008 08:00 AM Secretary of State

Principal Place of Business

31 GARDEN COVE DRIVE

KEY LARGO, FL 33037-5005

Mailing Address

PO BOX 236

HOMESTEAD, FL 33090-0236 US



02252008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2676243

Applied Fo Not Applic

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHENOWETH, MICHAEL F 31 GARDEN COVE DRIVE KEY LARGO, FL 33037

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	named entity submits this statement for the plons of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and ac
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE					
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees()3/	U00000842920 11/08-80049-018 61.25
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD CHENOWETH, MICHAEL F PRES 31 GARDEN COVE DRIVE KEY LARGO, FL 330375005 VD PIERCE, PAMELA B VICE PR 31 GARDEN COVE DR. KEY LARGO, FL 330375005 TD CHENOWETH, MICHAEL F TREASUR 31 GARDEN COVE DRIVE	₹		no	NOT WRITE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	KEY LARGO, FL 330375005 SD PIERCE, PAMELA B 31 GARDEN COVE DRIVE KEY LARGO, FL 330375005 D SKINNER, ROBERT				THIS SPACE
CITY-ST-ZIP	2790 SW 3RD AVE #205 MIAMI, FL 33129				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 10 or Block changed, or on an attachment with an address, with all other like empowered.

POST OFFICE BOX 448 - DELEON ROAD

CAUSEY, CHARLES

ISLAMORADA, FL 33036

TITLE

STREET ADDRESS

CITY-ST-ZIP