

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736484

FILED
Apr 11, 2007
Secretary of State

Entity Name: HISTORICAL PRESERVATION SOCIETY OF THE UPPER KEYS, INC.

Current Principal Place of Business:

P.O. BOX 2200
KEY LARGO, FL 33037

New Principal Place of Business:

38 E. BEACH RD
TAVERNIER, FL 33070

Current Mailing Address:

P.O. BOX 2200
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 59-9019708 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILKINSON, MARY LOU
38 E. BEACH ROAD
TAVERNIER, FL 33070 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BOLLA, MARY ANN
Address: 191 LOWE ST.
City-St-Zip: TAVERNIER, FL 33070

Title: T () Delete
Name: ALTMIEIER, BRENDA
Address: 136 BAY VIEW DR
City-St-Zip: KEY LARGO, FL 33037

Title: T () Delete
Name: DILLON, TOM
Address: 56 MUTINY PL.
City-St-Zip: KEY LARGO, FL 33037

Title: ST () Delete
Name: WILKINSON, MARY L
Address: 38 E BEACH RD
City-St-Zip: TAVERNIER, FL 33070

Title: P () Delete
Name: JERRY S. WILKINSON,
Address: 38 E. BEACH RD.
City-St-Zip: TAVERNIER, FL 33070

Title: V () Delete
Name: HENDERSON, ULDINE
Address: 803 OCEANE DRIVE
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU WILKINSON

ST

04/11/2007

Electronic Signature of Signing Officer or Director

Date