FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

744936

(6)

| DOCUN 1. Corporation | MENT # 744936 | 6 (6) | | | | | | | |
|--|--|--|--------------------|----------------------------|---|------------------|----------------------|------------------------------|-----------------|
| THE KE | Y PLAYERS, INC. | | | | | | | | |
| Principal Place | of Business | Mailing Address | | | | BILL BIELL BIGHT | | | |
| 364 SOUND D P.O. BOX 181 KEY LARGO F | | 364 SOUND DRIVE P.O. BOX 181 KEY LARGO FL 33037 | | | 3. Date Incorporated or Qualified | 3a. Date | | • | 7 |
| | | | | | 11/15/1978 | 0 | 7/03/19 | | 1 |
| 2. Principal Pla | ace of Business | 2a. Mailing Address 26 | | | 4. FEI Number 59-1843231 | | - | pplied For lot Applicable | - |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 | Additional | 1 |
| 22 | | City & State | | | ree Required | | | | |
| City & State | | 28 | | | Election Campaign Financing Trust Fund Contribution | | | | |
| Zip Country | | Zip Co. | | try | 8. This corporation has liability for in | | | 199.032, |] |
| 24 25 | | 29 | 30 | | Florida Statutes L 10. Name and Address of New Re | Yes No | | | - |
| | 9. Name and Address of Currer | nt Registered Agent | | 31 Name | 10. Name and Address of New H | agistereo Af | jent | | 1 |
| MIKLAS, 86000 O P.O. BO | VERSEAS HIGHWAY | | Ī | | Address (P.O. Box Number is Not Acceptable | e) | | | |
| ISLAMORADA, FL. FL 33036 | | | 84 City | | | | 85 Zip | Code | + |
| | | | | | | FL | | sistered office | - |
| or register familiar wit | o the provisions of Sections 617,050z ed agent, or both, in the State of Flori h, and accept the obligations of, Sect | da. Such change was authoriz | ed by the co | e-named co orporation's | orporation submits this statement for the pur board of directors. I hereby accept the appo | ointment as re | gistered | agent. I am | |
| SIGNATURE _ | Signature, typed or printed name of registered agen | t and title it applicable. (NC | TE: Registered A | gent signature | required when reinstating) | D/TE | | | <u> </u> |
| 12. | | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | | DIRECTO: Change | RS IN 12 Addition | ન¦જ્ઞ |
| TITLE | P SHANK BOADLEY | DEFELE | 1 1 TH 1 2 NAM | | BUTLER 369 BAHIA | L | Charge | Mandon | CR2E037 (12/95) |
| NAME | SHANK, BRADLEY | | | ME REET ADDRESS | 369 BAHIN | | | | 8 |
| STREET ADDRESS | KEY LARGO FL 33037 | B | | Y-ST-2IP | KEY LARGO, Fl. 330 | 37 | | | 12 |
| CITY-ST-ZIP TITLE | V | DELETE | 2.1 TITI | | | | Change | Addition | 75 |
| NAME | HOLLINGSWORTH, CINDY | | 2.2 NA | ME | | | | | |
| STREET ADDRESS | | | 2.3 STF | REET ADDRESS | | | | | 1 |
| CITY-ST-ZIP | TAVERNIER FL 33070 | | 2.400 | IY-ST-ZIP | | | | | 4 |
| TITLÉ | S | ☐DELETE 3.1 | | LE | 1 | |] Change | Addition Addition | |
| NAME | GALLAGHER, SUSAN | | | | | | | | |
| STREET ADDRESS | 167 COCOA DRIVE | | | REET ADDRESS | | | | | |
| CITY-ST-ZIP | TAVERNIER FL 33070 | DELETE | | TY-ST-ZIP | | | Change | Addition | \dashv |
| TITLE | DOMAN DICHARD | | 4.1 TIT 4. 2 NA | | | L- | Johnnyo | | |
| NAME CIRCY ADDRESS | DOWTY, RICHARD | | | REET ADDRESS | | | | | |
| STREET ADDRESS | 139 Bayview DR Key Largo FL 33037 | | | Y-ST-ZIP | | | | | |
| CITY-ST-ZIP TITLE | D | DELETE | 5.1 TITLE | | | |) Change | Addition | 7 |
| NAME | MCDONALD, MARY | | 5.2 NA | ME | | | | | |
| STREET ADDRESS | and the second of the second o | | 5.3 ST | REET ADDRESS | 1 | | | | |
| CITY-ST-ZIP | KEY LARGO FL 33037 | | 5.4 CIT | Y-ST-ZIP | | | | | _ |
| TITLE | D | DELETE | DELETE 61TI | | | [_ |] Change | Addition | |
| NAME | MILLER, DEBORAH | | 6 2 NA | | | | | | |
| STREET ADDRESS | P.O. BOX 837 N/A | | | REET ADDRESS | | | | | |
| CITY-ST-ZIP | TAVERNIER FL 33037 | All Allia files in the same of the | 6.4 CIT | Y-ST-ZIP | allfu for the everyation stated in Section 110 | 07(3)(k) Flori | da Statut | es I further | |
| 14. I do heret certify tha | by certify that the information supplied It the information indicated on this and | with this filing is voluntarily furnual report or supplemental and | nual report is | s true and a | alify for the exemption stated in Section 119 courate and that my signature shall have the | same logal e | ffect as if | made under | |

SIGNATURE:

certify that the information information of this ambient point of supplier that it am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Der.

3/12/96 385-852-8586 Deptine Phone #