

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 21, 2010
Secretary of State

DOCUMENT# 756769

Entity Name: UNITED WAY OF THE FLORIDA KEYS, INC.**Current Principal Place of Business:**1400 UNITED STREET
#110
KEY WEST, FL 33040**New Principal Place of Business:**93911 OVERSEAS HIGHWAY
SUITE #7
TAVERNIER, FL 33070 US**Current Mailing Address:**P.O. BOX 2910
KEY WEST, FL 330452910 US**New Mailing Address:**P.O. BOX 1287
ISLAMORADA, FL 33036 US**FEI Number:** 59-1288630**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BITTNER, DALE
1400 UNITED STREET
#110
KEY WEST, FL 33040 US**Name and Address of New Registered Agent:**BITTNER, DALE
93911 OVERSEAS HIGHWAY
SUITE #7
TAVERNIER, FL 33070 US

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:

09/21/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: C
Name: GRIFFITHS, KENNETH A
Address: 40 KEY HAVEN ROAD
City-St-Zip: KEY WEST, FL 33040 US

Title: VC
Name: FELTMAN, MICHAEL LT. COL
Address: 22830 BLACKBEARD LANE
City-St-Zip: CUDJOE KEY, FL 33042 US

Title: S
Name: O, ERIN
Address: 255 GARDENIA STREET
City-St-Zip: TAVERNIER, FL 33070

Title: T
Name: BITTNER, DALE
Address: 1010 KENNEDY DRIVE
City-St-Zip: KEY WEST, FL 33040 US

Title: PC
Name: WILL, NICKI
Address: 5900 COLLEGE ROAD
City-St-Zip: KEY WEST, FL 33040 US

I hereby 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 all other like empowered.

SIGNATURE: DALE BITTNER

T

09/21/2010

Electronic Signature of Signing Officer or Director_____
Date