

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 759753

1. Entity Name
KEYS INDEPENDENT FISHERMEN'S CO-OP INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 18 AM 10:47

Principal Place of Business
BURDINE'S WATERFRONT
1200 OCEANVIEW AVE
MARATHON, FL 33050

Mailing Address
BURDINE'S WATERFRONT
1200 OCEANVIEW AVE
MARATHON, FL 33050

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08222007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
25-3323257

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, JOHN H ESQ
2975 OVERSEAS HWY
MARATHON, FL 33050

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BURDINE, DOLORES
1200 OCEANVIEW AVE
MARATHON, FL 33050 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARTIN, GARY
4288 PROGRESS AVE
NAPLES, FL 34104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CUMMINGS, LILLIAN
1200 OCEANVIEW AVE
MARATHON, FL 33050 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100109717361
09/20/07--01061--008 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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B 9/19/07

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lillian K Cummings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/07
Date

Daytime Phone #