

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90075 020 ****61.25

DOCUMENT # 765519

1. Entity Name

LOWER KEYS FRIENDS OF ANIMALS, INC.



Principal Place of Business

**2508 SEIDENBERG AVENUE
KEY WEST FL 33040
US**

Mailing Address

**2508 SEIDENBERG AVENUE
KEY WEST FL 33040
US**

50018281



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2275034

Applied For

Not Applicable

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

**ELKINSON, EILEEN
3807 DONALD AVENUE
KEY WEST FL 33040**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, CHERIE	
STREET ADDRESS	1209 OLIVIA ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SNOW, CARROLL	
STREET ADDRESS	2508 SEIDENBERG AVE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	MCDERMOTT, JESSICA	
STREET ADDRESS	1634 JOHNSO ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAWYER, VICKI	
STREET ADDRESS	8 CACTUS DR	
CITY-ST-ZIP	BIG COPPITT KEY FL 33040	
TITLE	T	<input type="checkbox"/> Delete
NAME	SNOW, VICKI	
STREET ADDRESS	2508 SEIDENBERG	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENORE, MADELINE	
STREET ADDRESS	3807 DONALD AVE.	
CITY-ST-ZIP	KEY WEST FL 33040	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elkinson, Eileen	
STREET ADDRESS	3807 Donald Ave.	
CITY-ST-ZIP	Key West, Fla. 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mc Dermott, Mitzie	
STREET ADDRESS	1634 Johnson St.	
CITY-ST-ZIP	Key West, Fla. 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President / Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, Vicki	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vicki Snow / Vicki Snow

Feb. 15, 2005

(305) 294-9445