2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 765519

1. Entity Name
LOWER KEYS FRIENDS OF ANIMALS, INC.

Principal Place of Business	Mailing Address
2508 SEIDENBERG AVENUE KEY WEST, FL 33040 US	2508 SEIDENBERG AVENUE KEY WEST, FL 33040 US

DO NOT WRITE IN THIS SPACE

01152008 No Chg-NP CR2E037 (11/05)

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

ELKINSON, EILEEN
3807 DONALD AVENUE
KEY WEST, FL 33040

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELKINSON, EILEEN
STREET ADDRESS	3807 DONALD AVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	VPD
NAME	SNOW, CARROLL
STREET ADDRESS	2508 SEIDENBERG AVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	S/D
NAME	MC DERMOTT, MITZI
STREET ADDRESS	1634 JOHNSO ST.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	SAWYER, VICKI
STREET ADDRESS	8 CACTUS DR
CITY-ST-ZIP	BIG COPPITT KEY, FL 33040
TITLE	PT
NAME	SNOW; VICKI
STREET ADDRESS	2508 SEIDENBERG
CITY-ST-ZIP	KEY WEST, FL
TITLE	D
NAME	LENORE, MADELINE
STREET ADDRESS	3807 DONALD AVE.
CITY-ST-ZIP	KEY WEST, FL 33040

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02/18/06-80030-018 61.25

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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: Judi Drew 1/28/06 (305)294-9445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #