

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003865

FILED  
Jan 25, 2008  
Secretary of State

Entity Name: MIDDLE KEYS COMMUNITY LAND TRUST, INC.

**Current Principal Place of Business:**

204 91ST STREET  
UNIT 14  
MARATHON, FL 33050

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 500194  
MARATHON, FL 33050

**New Mailing Address:**

FEI Number: 65-1118748      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREEMAN, FRANKLIN D PA  
5800 OVERSEAS HIGHWAY  
SUITE 40  
MARATHON, FL 33050 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: LOVE, DEBBIE  
Address: PO BOX 500194  
City-St-Zip: MARATHON, FL 33050

Title: VP/D ( ) Delete  
Name: HILL, MORGAN  
Address: 5800 OVERSEAS HIGHWAY, #17  
City-St-Zip: MARATHON, FL 33050

Title: T/D ( ) Delete  
Name: MOTHNER, JOSHUA  
Address: 672 64TH STREET  
City-St-Zip: MARATHON, FL 33050

Title: D ( ) Delete  
Name: GREENMAN, FRANKLIN D  
Address: 5800 OVERSEAS HIGHWAY, SUITE #40  
City-St-Zip: MARATHON, FL 33050

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: MOTHNER, JOSH  
Address: 672 64TH STREET  
City-St-Zip: MARATHON, FL 33050

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T/D (X) Change ( ) Addition  
Name: SHAFFER, LARRY  
Address: P.O. BOX 501833  
City-St-Zip: MARATHON, FL 33050

Title: S/D (X) Change ( ) Addition  
Name: LUNDSTROM, TAMARA  
Address: P.O. BOX 501877  
City-St-Zip: MARATHON, FL 33050

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSH MOTHNER

P/D

01/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date