2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N0000005683

1. Entity Name



DIG FINE	AND LOWER KEYS ROTA	KY, INC.				
BIG PINE METHODIST CHURCH P		Mailing Address P.O. BOX 431957 BIG PINE KEY, FL 33043		40039361		
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address]	U DIJI: 1 03ji u bist dijet dieti izioo ii	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02222008 Chg-NP	CR2E037 (12/06)	,
City & State		City & State		4. FEI Number 65-0172540 6 5	' / O . / O -	plied For at Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New	Registered Agent	
TYCOLIZ, WILLIAM			Name			
24986 OVERSEAS HWY. SUMMERLAND KEY, FL 33042			Street Address (P.O. Box Number		ble)	
					,	_
			City		FL Zip Code	a l
	named entity submits this statement for ions of registered agent.	the purpose of changing its req	gistered office or register	ed agent, or both, in the State of	Florida. I am familiar with,	and accept
the conga	one or regionared against					
SIGNATURE	Signature, typed or printed name of registered agent a	nd title il applicable. (NOTE: Ri	egistered Agent signature required	I when reinstating)	DATE	
Filing Fée is \$61.25 Due by May 1, 2008						
	_	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees	Make check payable to lorida Department of St	
10.	_	Trust Fund Con	itribution.		orida Department of St	ate
TITLE	OFFICERS AND DIR	Trust Fund Con	11. ITILE -707	Added to Fees Fl ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN	ate
	Due by May 1, 2008 OFFICERS AND DIR	Trust Fund Con	11. IITLE -707 NAME	Added to Fees FI ADDITIONS/CHANGES TO OFFI H/e, ZY+'J': 3	Iorida Department of St CERS AND DIRECTORS IN Change	ate 10
TITLE NAME	OFFICERS AND DIR P DARTLEY, KENNETH A	Trust Fund Con	11. TITLE 707 NAME STREET ADDRESS CITY-ST-ZIP 13.2	Added to Fees Fl ADDITIONS/CHANGES TO OFFI H/e, DAY JO 20 Lambert Da 27 Pine Key, Fl	Iorida Department of St CERS AND DIRECTORS IN	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P DARTLEY, KENNETH A 1633 LANTANA LANE BIG PINE KEY, FL 33043	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE V 0	Added to Fees FI ADDITIONS/CHANGES TO OFFI H/e, Dition to Lambert Da Rive Key, fl and MAN, Dere	lorida Department of St CERS AND DIRECTORS IN Change	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P DARTLEY, KENNETH A 1633 LANTANA LANE BIG PINE KEY, FL 33043 VP MOORE, SAMEY	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Added to Fees FI ADDITIONS/CHANGES TO OFFILE H/e, DAY JO D TO LAMBERT DA Prickey, FI DAMAN, DERE	CERS AND DIRECTORS IN Change Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P DARTLEY, KENNETH A 1633 LANTANA LANE BIG PINE KEY, FL 33043	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP RAME CITY-ST-ZIP RAME	Added to Fees FI ADDITIONS/CHANGES TO OFFI H/e, DYJII) TO Lambert Da Rickey, FI DIA MAN, DERE 450 BARBADOS L MANDO Key, FI	CERS AND DIRECTORS IN Change ***	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DARTLEY, KENNETH A 1633 LANTANA LANE BIG PINE KEY, FL 33043 VP MOORE, SAMEY 30752 PALM DR BIG PINE KEY, FL 33043 S	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP RAME CITY-ST-ZIP RAME	Added to Fees FI ADDITIONS/CHANGES TO OFFI H/e, DYJII) TO Lambert Da Rickey, FI DIA MAN, DERE 450 BARBADOS L MANDO Key, FI	CERS AND DIRECTORS IN Change ***	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P DARTLEY, KENNETH A 1633 LANTANA LANE BIG PINE KEY, FL 33043 VP MOORE, SAMEY 30752 PALM DR BIG PINE KEY, FL 33043 S GERMAIN, TAMMY	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP RAME CITY-ST-ZIP RAME	Added to Fees FI ADDITIONS/CHANGES TO OFFI H/e, DYJII) TO Lambert Da Rickey, FI DIA MAN, DERE 450 BARBADOS L MANDO Key, FI	CERS AND DIRECTORS IN Change ***	10 Addition
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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

305/745.407 Daytime Phone #