2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N02000000182

Entity Name: UPPER KEYS ARTIFICIAL REEF FOUNDATION, INC.

Current Principal Place of Business:

106000 OVERSEAS HIGHWAY
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

106000 OVERSEAS HIGHWAY
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 60-0002573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDER, JACKLYN R PRES
106000 OVERSEAS HIGHWAY
KEY LARGO, FL 33037 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: C ( ) Delete
Name: LAVENE, KATRINA
Address: 152 OCEAN DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete
Name: SHIPLEY, MIKE
Address: 92530 OVERSEAS HIGHWAY
City-St-Zip: TAVERNER, FL 33070

Title: D ( ) Delete
Name: LAZO, NELSON
Address: 91500 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete
Name: MELENDI, LUIS
Address: 102900 OVERSEAS HIGHWAY
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete
Name: ACKER, NOLA
Address: 97670 OVERSEAS HIGHWAY
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete
Name: THARP, TOM
Address: 1608 MONMOUTH LANE
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LAVENE, KATRINA
Address: 152 OCEAN DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: D (X) Change ( ) Addition
Name: BENNETT, TRAVIS
Address: 102965 OVERSEAS HIGHWAY
City-St-Zip: KEY LARGO, FL 33037

Title: C (X) Change ( ) Addition
Name: LAZO, NELSON
Address: 91500 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: D (X) Change ( ) Addition
Name: SAUNDERS, JIM
Address: 102901 OVERSEAS HIGHWAY
City-St-Zip: KEY LARGO, FL 33037

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

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

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: NELSON LAZO C 03/23/2009

Electronic Signature of Signing Officer or Director — Date