2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005
Secretary of State

DOCUMENT# N02000006723

Entity Name: THE CASEY KEY FOUNDATION, INC.

Current Principal Place of Business:

3105 CASEY KEY ROAD
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

PO BOX 211
NOKOMIS, FL 342740211

New Mailing Address:

FEI Number: 16-1630542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEA, JOHN J
2940 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239 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: PD ( ) Delete
Name: MORRIS, HARVEY
Address: 3105 CASEY KEY ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: VPD ( ) Delete
Name: URCIUOLI, J. ARTHUR
Address: 1906 CASEY KEY ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: STD ( ) Delete
Name: DUQUES, HENRY
Address: 712 N. CASEY KEY ROAD
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete
Name: BADOLATO, ANDREW
Address: 3105 CASEY KEY ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete
Name: GUNTHER, ROBERT
Address: 1208 N. CASEY KEY ROAD
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete
Name: SCANTLAND, GEORGE
Address: 1608 CASEY KEY ROAD
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: HARVEY MORRIS PD 01/29/2005

Electronic Signature of Signing Officer or Director — Date