

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-01-2004 90025 007 ****61.25

DOCUMENT # N03000002758 1. Entity Name CARING FOR CATS IN THE UPPER KEYS, INC.					
Principal Place of Business 88005 OVERSEAS HWY STE 17 ISLAMORADA, FL 33036			Mailing Address 88005 OVERSEAS HWY STE 17 ISLAMORADA, FL 33036		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 36-4521215				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01272004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent BARTHET, PATRICK C 200 S BISCAYNE BLVD STE 1800 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, MARGARET A 182 BAYVIEW DR ISLAMORADA, FL 33036 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, ELLEN 399 PALM DR ISLAMORADA, FL 33036 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, KIM P.O. BOX 272 TRAVERNIER, FL 33070 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONCZY, NICOLE 7943 STEWART DR DARIEN, IL 60561 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONCZY, JOHN E 36 COMMONS DR PALAS PK, IL 60464 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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					
Date 2-16-04				Daytime Phone #	

66407554

