

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000002758

1. Entity Name
CARING FOR CATS IN THE UPPER KEYS, INC.



Principal Place of Business
80925 OVERSEAS HWY
ISLAMORADA, FL 33036

Mailing Address
80925 OVERSEAS HWY
ISLAMORADA, FL 33036



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4527275
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTHET, PATRICK C
200 S BISCAYNE BLVD STE 1800
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000951469
06/04/08-80034-015 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCHWARTZ, MARGARET A
STREET ADDRESS 182 BAYVIEW DR
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE D
NAME REED, ELLEN
STREET ADDRESS 399 PALM DR
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE D
NAME GONCZY, NICOLE
STREET ADDRESS 7943 STEWART DR
CITY-ST-ZIP DARIEN, IL 60561

TITLE D
NAME GONCZY, JOHN E
STREET ADDRESS 36 COMMONS DR
CITY-ST-ZIP PALAS PK, IL 60484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

1-17-08

Date

305.1664.3660

Daytime Phone #