2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 27, 2007
Secretary of State

DOCUMENT# N04000005124

Entity Name: FLORIDA KEYS ASSISTED CARE COALITION, INC.

Current Principal Place of Business:

201 FRONT ST STE 224
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

201 FRONT ST STE 224
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-1162023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWIN O., SWIFT, III DIR
201 FRONT STREET
224
KEY WEST, FL 33040 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: D ( ) Delete
Name: SWIFT, EDWIN O III
Address: 201 FRONT ST STE 224
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: BATTY, PETER TREAS
Address: 201 FRONT ST STE 224
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: ADAMS, LUCIE SEC
Address: 201 FRONT ST STE 224
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: HIGGS, JOAN
Address: 22 BEECHWOOD DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: SHALLOW, MOLLY
Address: 201 FRONT STREET SUITE 224
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: KERN, LIZ SEC
Address: 201 FRONT ST STE 224
City-St-Zip: KEY WEST, FL 33040

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: EDWIN O SWIFT III D 06/27/2007

Electronic Signature of Signing Officer or Director — Date