

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005124

FILED
Jan 19, 2011
Secretary of State

Entity Name: FLORIDA KEYS ASSISTED CARE COALITION, INC.

Current Principal Place of Business:

201 FRONT ST.
STE 224
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

201 FRONT ST.
STE 224
KEY WEST, FL 33040 US

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:

ARMANDO, HENRIQUEZ DIR
3615 SUNRISE DRIVE
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
Name: HENRIQUEZ, ARMANDO J COCHAIR
Address: 3615 SUNRISE DRIVE
City-St-Zip: KEY WEST, FL 33040 US

Title: D
Name: HIGGS, JOAN COCHAIR
Address: 1341 19TH STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: D
Name: KERN, LIZ SEC
Address: 1319 WILLIAM STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: D
Name: LOCKWOOD, ROBIN TREAS
Address: 18 ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040 US

Title: D
Name: SHALLOW, MOLLY
Address: 115 FRONT STREET, #103
City-St-Zip: KEY WEST, FL 33040 US

I hereby 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 all other like empowered.

SIGNATURE: ARMANDO J. HENRIQUEZ

D

01/19/2011

Electronic Signature of Signing Officer or Director

Date