2007 NOT-FOR-PROFIT CORPORATION

Jan 10, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # N04000005473 01-10-2007 90050 005 ****61.25 MIDDLE KEYS EVENTS COUNCIL, INC. Principal Place of Business Mailing Address **JUNUTALE** 10690 AVIATION BLVD. 10690 AVIATION BLVD. MARATHON, FL 33050 US MARATHON, FL 33050 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062007 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number 20-1200964 Applied For Not Applicable Zip Country-: Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WRIGHT, THOMAS D Street Address (P.O. Box Number is Not Acceptable) 9711 OVERSEAS HIGHWAY MARATHON, FL 33050 Zin 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Delete TITLE TITLE MEARNS, RANDALL NAME 10690 AVIATION BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARATHON, FL 33050 CITY-ST-ZIP Change ☐ Addition VΡ Delete TITLE RHYNE, JAMES NAME NAME 10690 AVIATION BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARATHON, FL 33050 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE CHĂPLIN. BETTYE NAME NAME 10690 AVIATION BLVD STREET ADDRESS STREET ADDRESS MARATHON, FL 33050 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TETLE TITLE Delete HOLDER, TRACY NAME NAME STREET ADDRESS 10690 AVIATION BLVD STREET ADDRESS MARATHON, FL 33050 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SK

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

FILED