## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N04000005473**

1. Entity Name
MIDDLE KEYS EVENTS COUNCIL, INC.



FILED Mar 14, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

10690 AVIATION BLVD. MARATHON, FL 33050

US

10690 AVIATION BLVD. MARATHON, FL 33050



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03112008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 20-1200964

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, THOMAS D 9711 OVERSEAS HIGHWAY MARATHON, FL 33050

CHAPLIN, BETTYE

10690 AVIATION BLVD

MARATHON, FL 33050

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				IIN .	I IIIS SPACE
	named entity submits this statement folions of registered agent.	or the purpose of changing its register	red office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Register	ed Agent signature	required when remstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEARNS, RANDALL 10690 AVIATION BLVD. MARATHON, FL 33050				U00000858602 04/01/08-80053-007 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RHYNE, JAMES 10690 AVIATION BLVD MARATHON, FL 33050				
TITLE	9			•	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:** 

NAME Street address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-SY-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

X MEXICO

pres.

3/6/- 8

3.5.743.6805

Date

Daytime Phone #