

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT #N04645**

1. Entity Name  
**SANCTUARY FRIENDS FOUNDATION OF THE KEYS,  
INC.**



Principal Place of Business  
**11399 OVERSEAS HWY  
SUITE 2  
MARATHON, FL 33050 US**

Mailing Address  
**P. O. BOX 504301  
MARATHON, FL 33050**



02272008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2443959**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NEUGENT, GEORGE  
25 SHIPS WAY  
BIG PINE KEY, FL 33043**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME NEUGENT, GEORGE  
STREET ADDRESS 25 SHIPS WAY  
CITY-ST-ZIP BIG PINE KEY, FL 33043

TITLE D  
NAME MOE, MARTIN  
STREET ADDRESS 222 GULFVIEW DRIVE  
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE D  
NAME DAVIDSON, TOM  
STREET ADDRESS 7 SUNRISE CAY  
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE D  
NAME HOLSTON, BOB  
STREET ADDRESS 3128 N. ROOSEVELT BLVD.  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE D  
NAME FRINK, STEPHEN  
STREET ADDRESS P.O. BOX 2720  
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE D  
NAME DEFOOR, ALLISON II  
STREET ADDRESS 2660 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI, FL 33129

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03/26/08-80035-005 61.25

**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

Date

Daytime Phone #