


FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90003 015 ****70.00

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N06000003874.			
1. Entity Name FLORIDA KEYS BIRDING AND WILDLIFE FESTIVAL, INC.			
Principal Place of Business 56200 OVERSEAS HIGHWAY CURRY HAMMOCK PARK MARATHON, FL 33050		Mailing Address P.O. BOX 50060-953 MARATHON, FL 33050	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MOORE, ELIZABETH 5550 OVERSEAS HWY MARATHON, FL 33050		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
FL		Zip 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CHRM	TITLE	
NAME	MOORE, ELIZABETH	NAME	
STREET ADDRESS	5550 OVERSEAS HWY.	STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	TATGENHORST, JOY	NAME	
STREET ADDRESS	371 - 69TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	TATGENHORST, JOY	NAME	
STREET ADDRESS	371 69TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Garrett, MarliSSa	NAME	
STREET ADDRESS	348 Guava Ave	STREET ADDRESS	
CITY-ST-ZIP	Grassy Key, FL 33050	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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.			
SIGNATURE: Elizabeth Moore <i>Elizabeth Moore</i>		6/2/08 (305) 743-3900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

40108176



02222008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code

SIGNATURE: Elizabeth Moore *Elizabeth Moore* 6/2/08 (305) 743-3900