


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90014 024 \*\*\*\*61.25

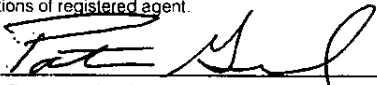
<b>DOCUMENT # N07000003859</b>	
1. Entity Name <b>FLORIDA KEYS WASTEWATER ASSISTANCE FOUNDATION, INC.</b>	

Principal Place of Business <b>91645 OVERSEAS HIGHWAY TAVERNIER, FL 33070</b>	Mailing Address <b>91645 OVERSEAS HIGHWAY TAVERNIER, FL 33070</b>
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2. Principal Place of Business - No P.O. Box # <b>6 North Drive</b>	3. Mailing Address <b>PO Box 370454</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

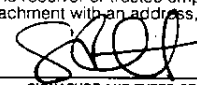
City & State <b>Key Largo, FL</b>	City & State <b>Key Largo, FL</b>
Zip <b>33037</b>	Country
Zip <b>33037</b>	Country

6. Name and Address of Current Registered Agent <b>MULICK, NICHOLAS W 91645 OVERSEAS HIGHWAY TAVERNIER, FL 33070</b>	
7. Name and Address of New Registered Agent Name <b>Patricia S. Gessel, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>99530 Overseas Hwy, Ste 2</b> City <b>Key Largo FL</b> Zip Code <b>33037</b>	

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 	<b>Patricia S. Gessel</b> 2-7-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C Susan Ford Hammaker 6 North Drive Key Largo, FL 33037</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC Chris Sante 300 Atlantic Drive, Suite 10 Key Largo, FL 33037</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Edward Prentice 15 Center Lane Key Largo, FL 33037</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Pam Martin 217 Coral Road Islamorada, FL 33036</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.			
<b>SIGNATURE:</b> 	<b>Susan Hammaker</b>	<b>2-7-08</b>	<b>305-453-7015</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

40024453



02042008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-8951381**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
Name  
**Patricia S. Gessel, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**99530 Overseas Hwy, Ste 2**  
City  
**Key Largo FL** Zip Code  
**33037**

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.

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

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