2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 10, 2008
Secretary of State

DOCUMENT# N07000003859

Entity Name: FLORIDA KEYS WASTEWATER ASSISTANCE FOUNDATION, INC.

Current Principal Place of Business:

6 NORTH DRIVE
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

PO BOX 370454
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 20-8951381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GESSEL, PATRICIA S ESQ
99530 OVERSEAS HWY STE 2
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: HAMMAKER, SUSAN F
Address: 6 NORTH DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: VC ( ) Delete
Name: SANTE, CHRIS
Address: 300 ATLANTIC DRIVE STE 10
City-St-Zip: KEY LARGO, FL 33037

Title: T ( ) Delete
Name: PRENTICE, EDWARD
Address: 15 CENTER LANE
City-St-Zip: KEY LARGO, FL 33037

Title: S ( ) Delete
Name: MARTIN, PAM
Address: 217 CORAL RD
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: BROWN, BETTE
Address: 97670 OVERSEAS HIGHWAY
City-St-Zip: KEY LARGO, FL 33037

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN F. HAMMAKER C 09/10/2008

Electronic Signature of Signing Officer or Director — Date