

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90093 004 *****70.00

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

DOCUMENT # N07000008289

1. Entity Name
FLORIDA KEYS HYDROPOWER RESEARCH
CORPORATION



Principal Place of Business
733 LOVE LANE
KEY WEST, FL 33040

Mailing Address
733 LOVE LANE
KEY WEST, FL 33040

40002923



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
26-0831733

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BEDGOOD, DOUGLAS
733 LOVE LANE
KEY WEST, FL 33040

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

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME BEDGOOD, DOUGLAS
STREET ADDRESS 733 LOVE LANE
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST ☐ Delete
NAME SERVER, HARVEY W
STREET ADDRESS ~~733 LOVE LANE~~
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 724 EATON STREET
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MIDDLETON, TRAVIS
STREET ADDRESS 807 FLEMING STREET
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DCOB ☐ Delete
NAME FREEMAN, SHIRLEY
STREET ADDRESS 724 EATON ST
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.