

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008996

FILED
Apr 14, 2009
Secretary of State

Entity Name: KEYS MARINE DEBRIS MANAGEMENT INC.

Current Principal Place of Business:

19239 BAD GEORGE RD
SUGARLOAF KEY, FL 33042

New Principal Place of Business:

Current Mailing Address:

19239 BAD GEORGE RD
SUGARLOAF KEY, FL 33042

New Mailing Address:

FEI Number: 26-3397855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, LUKE
19239 BAD GEORGE RD
SUGARLOAF KEY, FL 33042 US

Name and Address of New Registered Agent:

KELLY, LUKE D PD
19239 BAD GEORGE RD
SUGARLOAF KEY, FL 33042 US

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: LUKE KELLY

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLY, LUKE
Address: 19239 BAD GEORGE RD
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: SD () Delete
Name: BOWDEN, NATHANIEL
Address: 273 VENETIAN WAY
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: TD () Delete
Name: SAMPSON, NATHANEIL
Address: 19681 TEQUESTA ST
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D () Delete
Name: MEYER, NICHOLAS
Address: 19239 BAD GEORGE RD
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: VP () Delete
Name: OHEARN, KYLE
Address: 613 SIMONTON ST
City-St-Zip: KEY WEST, FL 33042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LUKE KELLY

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date