# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 14, 2009**
**Secretary of State**

DOCUMENT# N08000009616

**Entity Name:** ISLAND LIVING CAMPUS FOUNDATION, INC.

**Current Principal Place of Business:**

5901 WEST COLLEGE ROAD
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

5901 WEST COLLEGE ROAD
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number: 27-0175391** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

DEVANE, WILLIAM N JR.,ESQ
5701 OVERSEAS HIGHWAY,SUITE 12
MARATHON, FL 33050 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: D ( ) Delete
Name: BARROSO, BARRY
Address: 1014 WHITE STREET,SUITE 7
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: BRADFORD, CHARLES
Address: 533 PEARY COURT ROAD
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: KENDRICK, MELISSA
Address: 200 GREEN STREET
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: SIMMS, FRED
Address: 241 TRUMBO ROAD
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: BELLAND, CHRIS
Address: 201 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: BAILEY, MARK
Address: 2796 N. ROOSEVELT BLVD.
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition
Name: BRADFORD, CHARLES
Address: 1800 ATLANTIC BOULEVARD UNIT 137C
City-St-Zip: KEY WEST, FL 33040

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

Title: D (X) Change ( ) Addition
Name: KEHOE, JOHN
Address: 5901 COLLEGE ROAD
City-St-Zip: KEY WEST, FL 33040

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: JOHN KEHOE O 05/14/2009

Electronic Signature of Signing Officer or Director — Date