

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N12881** (1)  
1. Corporation Name  
**LONGBOAT KEY PUBLIC INTEREST COMMITTEE, INC.**



Principal Place of Business  
**1050 LONGBOAT CLUB RD  
#501  
LONGBOAT KEY FL 34228  
US**

Mailing Address  
**P. O. BOX 8221  
LONGBOAT KEY FL 34228  
US**

3. Date Incorporated or Qualified  
**01/01/1986**

3a. Date of Last Report  
**03/13/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2471907</b>	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSS, ROBERT B.  
4540 GULF OF MEXICO DR.  
LONGBOAT KEY FL 34228**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
**FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSS, ROBERT B.</b>	1.2 NAME	
STREET ADDRESS	<b>4540 GULF OF MEXICO DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRATT, NORMAN T.</b>	2.2 NAME	<b>PD Rita P. Well</b>
STREET ADDRESS	<b>772 MARBURG LN.</b>	2.3 STREET ADDRESS	<b>100 Sands Point Rd. # 214</b>
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	2.4 CITY-ST-ZIP	<b>Longboat Key, FL. 34228</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEYES, SAMUEL S</b>	3.2 NAME	
STREET ADDRESS	<b>584 YAWL LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAIR, BETTY</b>	4.2 NAME	
STREET ADDRESS	<b>561 PUTTER LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, EDWIN K.</b>	5.2 NAME	<b>SD John W. French</b>
STREET ADDRESS	<b>2120 HARBORSIDE DR. #641</b>	5.3 STREET ADDRESS	<b>2521 Gulf of Mexico Drive #9F</b>
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	5.4 CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROWAN, JOSEPH</b>	6.2 NAME	
STREET ADDRESS	<b>4500 GULF OF MEXICO DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-19-96**  
Date

**943/382-7682**  
Daytime Phone #

CR2E037 (12/95)