

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N17703

1. Entity Name
NAMI/FLORIDA KEYS, INC.



Principal Place of Business
**1126 VON PHISTER ST.
KEY WEST, FL 33040 US**

Mailing Address
**1126 VON PHISTER ST.
KEY WEST, FL 33040 US**

DO NOT WRITE IN THIS SPACE



01242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2817825	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LISTER, SARA E
1126 VON PHISTER ST.
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARDNER, EMILY 1005 EATON ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOSLEY, CONNIE 1616 GEORGE ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRANKLIN, JERRY 1300 ASHBY STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS FULLER, B.J. 1432 KENNEDY DR. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D READ, SHERRY 1509 PATRICIA STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RAT LISTER, SARA E 1126 VON PHISTER ST. KEY WEST, FL 33040

1000000019930
01/29/04-80043-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Sara E. Lister Sara E. Lister Jan 24, 2004 305-292-2678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #