

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90179 016 ****61.25

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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2817825	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LISTER, SARA E 1126 VON PHISTER ST. KEY WEST, FL 33040				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDNER, EMILY		NAME	Howanitz, Nancy	
STREET ADDRESS	1005 EATON ST		STREET ADDRESS	700 Fleming Street	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	Key West FL 33040	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOSLEY, CONNIE		NAME	Dunn, Christine	
STREET ADDRESS	1616 GEORGE ST		STREET ADDRESS	P.O. Box 4741	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	Key West, FL 33040	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, JERRY		NAME	Franklin, Jerry	
STREET ADDRESS	1300 ASHBY STREET		STREET ADDRESS	1300 Ashby Street	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	Key West, FL 33040	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULLER, B.J.		NAME	Pam Sovay	
STREET ADDRESS	1432 KENNEDY DR.		STREET ADDRESS	302 Southard St, #206	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	Key West, FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	G.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	READ, SHERRY		NAME	Gish, John	
STREET ADDRESS	1509 PATRICIA STREET		STREET ADDRESS	1621 Sunshine Drive	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	KW FL 33040	
TITLE	RAT	<input type="checkbox"/> Delete	TITLE		
NAME	LISTER, SARA E		NAME		
STREET ADDRESS	1126 VON PHISTER ST.		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
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: <u>Sara E. Lister</u> <u>Sara E. Lister</u> <u>March 4, 2005</u> <u>305-292-2678</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					