FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 30 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N19224

1. Corporation Name
Florida Keys Youth Club, Inc.

Principal Place of Business	Mailing Address
3465 S. Roosevelt Blvd.	3465 S. Roosevelt Blvd
Key West, FL 33040	Key West, FL 33040

3. Date Incorporated or Qualified: 02/12/87
3a. Date of Last Report: 4-94
4. FEI Number: 59-2825949 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Spottswood, William B.
3465 S. Roosevelt Blvd.
Key West, FL 33040

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	Bud Luks	12 NAME	
STREET ADDRESS	700 Truman Ave	13 STREET ADDRESS	
CITY-ST-ZIP	Key West, FL 33040	14 CITY-ST-ZIP	
TITLE	V/D	21 TITLE	☐ Change ☐ Addition
NAME	Greg Artman	22 NAME	
STREET ADDRESS	1547 Fifth Street	23 STREET ADDRESS	
CITY-ST-ZIP	Key West, FL 33040	24 CITY-ST-ZIP	
TITLE	V/D	31 TITLE	☐ Change ☐ Addition
NAME	Tim Koenig	32 NAME	
STREET ADDRESS	417 Eaton Street	33 STREET ADDRESS	
CITY-ST-ZIP	Key West, FL 33040	34 CITY-ST-ZIP	
TITLE	T/D	41 TITLE	☐ Change ☐ Addition
NAME	Linda Swift	42 NAME	
STREET ADDRESS	26 Driftwood Drive	43 STREET ADDRESS	
CITY-ST-ZIP	Key West, FL 33040	44 CITY-ST-ZIP	
TITLE	S/D	51 TITLE	☐ Change ☐ Addition
NAME	Angie Castillo	52 NAME	
STREET ADDRESS	926 Truman Ave	53 STREET ADDRESS	
CITY-ST-ZIP	Key West, FL 33040	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	CH

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)(i), 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: Bud Luks Bud Luks 3/21/95 294-1031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #