

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 # N19224

(7)

1. Corporation Name

FLORIDA KEYS YOUTH CLUB, INC.



Principal Place of Business

Mailing Address

3465 S. ROOSEVELT BLVD.
KEY WEST FL 33040

3465 S. ROOSEVELT BLVD.
KEY WEST FL 33040

3. Date Incorporated or Qualified

02/12/1987

3a. Date of Last Report

03/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2825949

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPOTTSWOOD, WILLIAM B.
3465 S. ROOSEVELT BLVD.
KEY WEST FL 33040

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 obligation of, the provisions of Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when reappointing.

4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	LUKS, BUD	
STREET ADDRESS	700 TRUMAN AVE.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ARTMAN, GREG	
STREET ADDRESS	1547 FIFTH ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KOENIG, TIM	
STREET ADDRESS	417 EATON ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SWIFT, LINDA	
STREET ADDRESS	26 DRIFTWOOD DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CASTILLO, ANGIE	
STREET ADDRESS	926 TRUMAN AVE.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Greg Artman	
1.3 STREET ADDRESS	1547 Fifth St	
1.4 CITY-ST-ZIP	Key West, FL 33040	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tim Koenig	
2.3 STREET ADDRESS	PO Box 4350	
2.4 CITY-ST-ZIP	Key West, FL 33041	
3.1 TITLE	ST/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elmira Leto	
3.3 STREET ADDRESS	3022 N. Roosevelt Blvd	
3.4 CITY-ST-ZIP	Key West, FL 33040	
4.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Brent Robbins	
4.3 STREET ADDRESS	6449 6th St	
4.4 CITY-ST-ZIP	Key West, FL 33040	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
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:

Brent Robbins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 294-2878

Date

Daytime Phone #

CR2E037 (12/95)