

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N32061 1. Entity Name KEY DEER PROTECTION ALLIANCE, INC.	
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Principal Place of Business P O BOX 224 BIG PINE KEY, FL 33043	Mailing Address P O BOX 224 BIG PINE KEY, FL 33043
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DO NOT WRITE IN THIS SPACE



02042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0147691	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, PAT
1232 FERN AVE
BIG PINE KEY, FL 33043**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD DYKHUISEN, JERRY 1232 FERN AVE BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUTNEY, MICK 2150 NO NAME DR. BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, PAT 1232 FERN AVE BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD WHEELER, KATHY 29760 JOURNEY'S END BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PHILLIPS, SHERRY 1 SANDY CIR DR BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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02/21/08-80062-013-61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Pat Davis* **2/9/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #