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 # **N33883** **(2)**

1. Corporation Name
HISTORIC FLORIDA KEYS FOUNDATION INC.

Principal Place of Business	Mailing Address
510 GREENE ST. KEY WEST FL 33040	510 GREENE ST. KEY WEST FL 33040

3. Date Incorporated or Qualified: **06/25/1989**
3a. Date of Last Report: **03/29/1995**

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

4. FEI Number: **65-0135871** ☐ 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

KEYS, LESLEE F.
510 GREENE ST.
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 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 obligations of, Section 617.0503, 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	DVP	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	TOPPINO, DANIEL P		1.2 NAME	JOSEPH ALLEN, II	
STREET ADDRESS	P O BOX 787		1.3 STREET ADDRESS	613 WADDELL ST.	
CITY-ST-ZIP	KEY WEST FL 33041		1.4 CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, NIKKI SOLITA		2.2 NAME		
STREET ADDRESS	1012 JOHNSON ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	WILEY, L B		3.2 NAME		
STREET ADDRESS	P O BOX 6560		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33041		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	SEC-TREAS	☒ Change ☐ Addition
NAME	ADAMS, LUCIE F		4.2 NAME		
STREET ADDRESS	734 FLEMING STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		4.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	LANNON,BERNADETTE		5.2 NAME		
STREET ADDRESS	137 FONTAINE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL 33070		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	EYSTER,IRVING		6.2 NAME	EDMUND CASEY	
STREET ADDRESS	75141 OVERSEAS HWY		6.3 STREET ADDRESS	P.O. BOX 513	
CITY-ST-ZIP	ISLAMORADA FL 33036		6.4 CITY-ST-ZIP	MARATHON, FL 33050	

CR2E037 (12/95)

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: Lucie F. Adams Secretary-Treasurer 4-11-96 296-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #