NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N33883

HISTORIC FLORIDA KEYS FOUNDATION INC.

Principal Place of Busin	16
510 GREENE ST.	
KEY WEST EL 33040	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

510 GREENE ST. KEY WEST FL 33040

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90211 029 ****61.25

4 9 6316 90211 - 29

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

08/25/1989

65-0135871

4. FEI Number

Zip Country	Zip	Country	6. Election Campaign Financing	\$5.00	May Be
24 25	29	30	Trust Fund Contribution	Added to Fees	
9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent	
		81 Name			
LONDON, JACK L			Address (P.O. Box Number is Not Acceptable)		
510 GREENE ST		82 Street A			
KEY WEST FL 33040		83			
		84 City		85 Zip C	ode
				·L	
 Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	' Florida. Such change was au	thorized by the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	e of changing its repointment as reg	egistered istered
SIGNATURE			DATE	.	
Signature, typed or printed name of registered agent a OFFICERS AND		Registered Agent signature re 13.	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE CD	DELETE	1.1 TITLE	cD	Change	Addition
NAME TOPPINO, DANIEL P	<u></u>	1.2 NAME	BRIAN SCHMITT		
STREET ADDRESS P.O. BOX 787 N/A			11100 Overseas Highway		
VEY MEST EL 22040		1.4 CITY-ST-ZIP	marathon, FL 33050		
TITLE TD.	□ DELETE	2.1 TITLE	VCD	Change	Addition
NAME KENDRICK, MELISSA		2.2 NAME	Daniel P. Toppins PO Box 787 N/A		
STREET ADDRESS 200 GREENE ST.		2.3 STREET ADDRESS	DA BAY 787 NA		
MEN MECT EL 00040		2.4 CITY-ST-ZIP	Key West, 72 33040		
TITLE D	☐ DELETE	3.1 TITLE	100 0-4, 1- 0301-	☐ Change	Addition
NAME SMITH, GORDON	_	3.2 NAME	- -		
STREET ADDRESS 1100 TRUMAN AVENUE		3.3 STREET ADDRESS			
MEN HIEGT EL GODAG		3.4. CITY-ST-ZIP			
TITLE D	☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME ADAMS, LUCIE F		4, 2 NAME			
STREET ADDRESS 734 FLEMING STREET		4.3 STREET ADDRESS			
CITY-ST-ZIP KEY WEST FL 33050		4.4 CITY-ST-ZIP			
TITLE D	☐ 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		5.4 CITY-ST-ZIP			
TITLE VCD	≱ DELETE	6.1 TITLE		Change	☐ Addition
NAME CARTY, EDMUND E	•	6.2 NAME			
STREET ADDRESS P.O. BOX 513 N/A		6.3 STREET ADDRESS	,		
CITY-ST-ZIP MARATHON FL 33050		6.4 CITY-ST-ZIP			
14 I horoby cortify that the information supplied with	the filing does not qualify for	the exemption stated	t in Section 119.07(3)(i), Florida Statutes. I further	certify that the in	formation

wered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in ss. with all other like empowered. officer or director of the corporation or the receiver or trustee Block 12 or Block 13 if changed, or on an analytiment with

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

Not Applicable