2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State
03-25-2004 90045 023 ****61.25

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DOCUMENT # N33883

1. Entity 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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03222004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0135871 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LONDON, JACK L 510 GREENE ST KEY WEST, FL 33040	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ SCHMITT, BRIAN 11100 OVERSEAS HWY MARATHON, FL 33050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KENDRICK, MELISSA 200 GREENE ST. KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, GORDON 1100 TRUMAN AVENUE KEY WEST, FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Ruth Backer PO Box 2 Big Pine Key, FL 33043	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MADEO, KIRSTI 1605 FLAGLER AVE KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RICE, DAVID 3000 41ST ST MARATHON, FL 33050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD TOPPINO, DANIEL P. PO BOX 787 N/A KEY WEST, FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD Lynn Mapes 5723 Morton St Grassy Key, FL 33050	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3/23/04 (305) 292-6718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #