2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N33883

Entity Name: HISTORIC FLORIDA KEYS FOUNDATION INC.

Current Principal Place of Business:

510 GREENE ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

510 GREENE ST.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0135871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONDON, JACK L
510 GREENE ST
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHMITT, BRIAN
Address: 11100 OVERSEAS HWY
City-St-Zip: MARATHON, FL 33050

Title: SD ( ) Delete
Name: KENDRICK, MELISSA
Address: 200 GREENE ST.
City-St-Zip: KEY WEST, FL 33040

Title: CD ( ) Delete
Name: BECKER, RUTH
Address: P.O. BOX 2
City-St-Zip: BIG PINE KEY, FL 33043

Title: TD ( ) Delete
Name: MADEO, KIRSTI
Address: 1605 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040

Title: TD (X) Delete
Name: RICE, DAVID
Address: 3000 41ST ST
City-St-Zip: MARATHON, FL 33050

Title: VCD ( ) Delete
Name: MANES, LYNN
Address: 57723 MORTON ST.
City-St-Zip: GRASSY KEY, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: BECKER, RUTH
Address: P.O. BOX 2
City-St-Zip: BIG PINE KEY, FL 33043

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VCD (X) Change ( ) Addition
Name: MATES, LYNN
Address: 57723 MORTON ST.
City-St-Zip: GRASSY KEY, FL 33050

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK LONDON RA 04/29/2005

Electronic Signature of Signing Officer or Director — Date