

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N33883

1. Entity Name
HISTORIC FLORIDA KEYS FOUNDATION INC.



Principal Place of Business
**510 GREENE ST.
KEY WEST, FL 33040**

Mailing Address
**510 GREENE ST.
KEY WEST, FL 33040**



07102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0135871

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**BORN, GEORGE W
510 GREENE ST
KEY WEST, FL 33040**

**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

George W. Born
Signature, typed or printed name of registered agent and title if applicable.

George W. Born
(NOTE: Registered Agent signature required when reinstating)

July 10, 2007
DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000768725
07/13/07-80010-004 61.25**

10. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------------|
| TITLE | D |
| NAME | SCHMITT, BRIAN |
| STREET ADDRESS | 11100 OVERSEAS HWY |
| CITY - ST - ZIP | MARATHON, FL 33050 |
| TITLE | VD |
| NAME | KENDRICK, MELISSA |
| STREET ADDRESS | 200 GREENE ST. |
| CITY - ST - ZIP | KEY WEST, FL 33040 |
| TITLE | SD |
| NAME | SILVA, DIANE |
| STREET ADDRESS | 604 SIMONTON ST |
| CITY - ST - ZIP | KEY WEST, FL 33040 |
| TITLE | TD |
| NAME | MADEO, KIRSTI |
| STREET ADDRESS | 1605 FLAGLER AVE |
| CITY - ST - ZIP | KEY WEST, FL 33040 |
| TITLE | CD |
| NAME | MAPES, LYNN |
| STREET ADDRESS | 345 13TH ST |
| CITY - ST - ZIP | KEY COLONY BEACH, FL 33051 |
| TITLE | D |
| NAME | ALLEN, ALICE |
| STREET ADDRESS | 133 SUNRISE DR |
| CITY - ST - ZIP | TAVERNIER, FL 33070 |

**DO NOT WRITE
IN THIS SPACE**

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:

George W. Born
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 10, 2007
Date

305-292-6718
Daytime Phone *