

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33883

FILED
May 01, 2009
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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

Title: SD () Delete
Name: SILVA, DIANE
Address: 604 SIMONTON ST
City-St-Zip: KEY WEST, FL 33040

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

Title: CD () Delete
Name: MAPES, LYNN
Address: 345 13TH ST
City-St-Zip: KEY COLONY BEACH, FL 33051

Title: D () Delete
Name: ALLEN, ALICE
Address: 133 SUNRISE DR
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DIANE E. SILVIA

SD

05/01/2009

Electronic Signature of Signing Officer or Director

Date