

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 28, 1999 8:00 am
Secretary of State

06-28-1999 90004 002 ****61.25

DOCUMENT # N35404

1. Corporation Name

CRIME STOPPERS OF THE KEYS, INC.

Principal Place of Business

P.O. BOX 4788
KEY WEST FL 33041-4788

Mailing Address

P.O. BOX 4788
KEY WEST FL 33041-4788



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/29/1989

4. FEI Number

65-0367412

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PRICE, LINDA S
701 WHITEHEAD STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name L. Douglas Morgan
82 Street Address (P.O. Box Number is Not Acceptable)
3706-H N. Roosevelt Dr
83
84 City Key West FL 85 Zip Code 33040

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

L. Douglas Morgan

(NOTE: Registered Agent signature required when reinstating)

DATE

6/21/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME PRICE, LINDA
STREET ADDRESS 701 WHITEHEAD ST.
CITY-ST-ZIP KEY WEST FL 33040

TITLE TD ☐ DELETE

NAME MORGAN, DOUGLAS
STREET ADDRESS 3706-H N. ROOSEVELT DR.
CITY-ST-ZIP KEY WEST FL 33040

TITLE SD ☐ DELETE

NAME SOOS, ROBERT L
STREET ADDRESS 2918 PATTERSON AVE.
CITY-ST-ZIP KEY WEST FL 33040

TITLE John Dillon ☐ DELETE

NAME JOHN DILLON
STREET ADDRESS 320 GRINNELL ST
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addit

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE PTD ☒ Change ☒ Addit

2.2 NAME L. DOUGLAS MORGAN

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addit

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addit

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addit

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addit

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

L. Douglas Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

6/21/99

DAYTIME PHONE #

305 294-9575