

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37922

(4)

1. Corporation Name

FLORIDA KEYS ART LEAGUE, INC.



Principal Place of Business

Mailing Address

% FRANKLIN D. GREENMAN
5800 OVERSEAS HWY STE 40
MARATHON FL 33050

% FRANKLIN D. GREENMAN
5800 OVERSEAS HWY STE 40
MARATHON FL 33050

3. Date Incorporated or Qualified
04/27/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

65-0225311

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENMAN, FRANKLIN D.
5800 OVERSEAS HWY
SUITE 40
MARATHON FL 33050

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DONLAY, JEFF
STREET ADDRESS 275 51ST STREET, OCEAN
CITY-ST-ZIP MARATHON FL

1.1 TITLE D-Rec Secretary
1.2 NAME HARPER, MARY
1.3 STREET ADDRESS P.O. Box 510193 N/A
1.4 CITY-ST-ZIP Key Colony Beach, FL 33051

TITLE DR
NAME GGAEFFLER MURPHY, ALISON
STREET ADDRESS 323 CALZADA DE BOUGAINVILLEA
CITY-ST-ZIP MARATHON FL

2.1 TITLE Assistant Treasurer
2.2 NAME TWEEDY, HOWARD
2.3 STREET ADDRESS 958-105th W Ocean
2.4 CITY-ST-ZIP Marathon, FL 33050

TITLE DT
NAME DORAN, DIANE
STREET ADDRESS P.O. BOX 501102 N/A
CITY-ST-ZIP MARATHON FL 33050

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DV
NAME ANDERSON, RENEE
STREET ADDRESS 705 LEMON AVENUE
CITY-ST-ZIP MARATHON FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DCS
NAME WAGNER, MERLE
STREET ADDRESS 112 MOCKINGBIRD LN
CITY-ST-ZIP MARATHON FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

DIANE DORAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

Daytime Phone #

CR2E037 (12/95)