SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RE ISTATE: \$236.25).

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMEN OF STATE

Sandra B. Mormam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FILED
Aug 06 1997 8:00am
Secretary of State

UPPER KEYS YOUTH ASSOCIATION, INC.								
Principal Place of Business Mailing Address							81811 B) \$1 B B 1841	
171 HOOD AVE P O BOX 1330 STE A TAVERNIER FL 33070					DO NOT WRITE IN THIS SPACE			
TAVERMER FL 33070 US					3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE rated or Qualified 3a, Date of Last Report		
US					09/05/1991		2/1996	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 65-0290605	1 1	Applied For	
21	·	26	26			'	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			101.	.75 Additional	
22		27			5. Certificate of Status Desired	F	Fee Required	
City & Stat	10	City & State			6. Election Campaign Financing		5.00 May Be	
Zip Country		Zip Country		Trust Fund Contribution		Added to Fees		
24	25 29 30			· 7	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
1-1	9. Name and Address of Cui				10. Name and Address of New Re			
			8			-		
DELVALL	.e, S usan		8:	Street Add	TRIONA E BIRMIE dress (P.O. Box Number is Not Acceptab	101		
	RING DT		"	168	2 CHURCHILL DO			
I	ER FL 33070		8:	3	· · · · · · · · · · · · · · · · · · ·			
			8	4 City		20	Zip Code	
				I KG		FL 85	33037	
11. Pursuant office or r	to the provisions of Sections 617. registered agent, or both, in the Si	0502 and 617.1508, Florida Statute late of Florida, Such change was a	s, the abouthorized b	ve-named cor by the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of chan of the appointme	ging its registered ent as registered	
	Manusca S	originations of Section 617.0503, Fiol	nda Statuti	95. - 17. 10.44	21115 545 D.D	7-	31.97	
SIGNATURE	Signature, typed or printed name of registered	Dww CATRI d agent and title if applicable. (NOTE	Registered A	gent signature requ	ENIE EXEC. DIRECTOR uired when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12	
TITLE	POT	☐ DELETE	1.1 TITLE		PAM MARTIN, POT T	~\$ID, 团(i	hange 🔲 Addition	
NAME	MARTIN, PAM		1.2 NAME					
STREET ADDRESS	217 CORAL RD		1.3 \$TRE	et address	217 CORAL RO.		Į,	
CITY-ST-ZIP	ISLAMORDA FL	l priess	1.4 CITY	ST-ZIP	ISLAMORADA FL. LAWRENCE JOHNSON	√~ PD7 □ ci		
TITLE	TSD	L. DELETE	2.1 TITLE		LAWRENCE JOHNSON!	V~ PDT∐ CI	hange Addition	
NAME	DELVALLE, SUSAN		2.2 NAME		45 HIBISOUS LN.			
STREET ADDRESS	154 SEBRING DR			ET ADORESS		37000		
CITY-ST-ZIP TITLE	TAVERNIER FL	☐ DELETE	2. 4 CITY 3.1 FITLE		Key LARGO FL.	3037 [30]	hange	
NAME :	MD Birnie, Catrona	- 000016	3.1 IIILE 3.2 NAMI		MD. CATRIONA BIR		ango L roomon	
STREET ADDRESS	59 BONE FISH			ET ADDRESS	1652 CHURCHILL C	sowns.		
CITY-ST-ZIP	KEY LARGO FL			-ST-ZIP	KEY LARGO FL.			
TITLE	AMD	☐ DELETE	4.1 TLE		SECRETARY		hange Addition	
NAME	SCIANIMONICO, SHARON	- · ·	4. AM		SHARON SCIANIMAN	160	"	
STREET ADDRESS	812 NARRAGANSETT LANE			ET ADDRESS	812 NARRAGANSETT	LANG		
CITY-ST-ZIP	KEY LARGO FL		4. TY	ST-ZIP	KGY LARGO FL-3			
TITLE		☐ DELETE	5. TLE	$\overline{}$			hange	
NAME			5.2 AM6	:				
STREET ADDRESS			5.3 TRE	ET ADDRESS				
CITY+ST-ZIP			5.4 TY-	ST-ZIP				
TITLE		☐ DELETE	6.1 ITLE				hange 🔲 Addition	
NAME			6.2 IAME					
STREET ADDRESS			6.3 TRE	ET ADDRESS				
CITY-ST-ZIP				ST-ZIP				
14. I do heret informatio	by certify that the information supp on Indicated on this annual report i	plied with this filing does not qualify or supplemental annual report is tra	rtorthe ex ue and acc	emption state curate and that	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	s. I further certif il effect as if ma	y that the de under oath: that	

am an officer or director of the corporation or the receiver or trustee empowered texecute 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.