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 REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Sep 23 1997 8:00am

Secretary of State

3a. Date of Last Report 09/20/1996

> Applied For Not Applicable \$8.75 Additional

Fee Required

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N49530

(1)

THE KEY WEST HIGH SCHOOL SCHOLARSHIP FOUNDATION.

INC.				
Principal Place of Business	Malling Address	T (ARTINEA BEI DIBIG IDIBE BEIDD IIIAI BOIL GERK GIBIK BIBIK BIBIK B		
2100 FLAGLER AVE KEY WEST FL 33040	818 WHITE STREET KEY WEST FL 33040 US	DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE	
i	00	3. Date Incorporated or Qualified 06/24/1992	3a. Date of L 09/20	
2. Principal Place of Business	2a. Malling Address 26	4. FEI Number 65-0354008		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	□ \$8 <u>.</u>	

City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name HAMILTON, DANIEL H 82 Street Address (P.O. Box Number is Not Acceptable) 818 WHITE STREET 83 KEY WEST FL 33040 84 City 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 re-instating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITLE DELETE 1.1 TITLE WOLKOWSKY, DAVID NAME 1.2 NAME **500 DUVAL STREET** STRÉET ADDRESS 1.3 STREET ADDRESS KEY WEST FL 33040 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ✓ Addition 2.1 TITLE TITLE SMITH, SUNSHINE NAME 2.2 NAME 424-A LEMING STREET 2.3 STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE ☐ Change Addition 3.1 TITLE OROPEZA, SCOTT NAME 3.2 NAME 815 PEACOCK PLAZA STREET ADDRESS 3.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 3.4. CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME OLSON, ALMA 4. 2 NAME 2100 FLAGLER AVE. STREET ADDRESS 4.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE CALLEJA, ALICE NAME 5.2 NAME 2100 FLAGLER AVE. STREET ADDRESS 5.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Addition TITLE 6.1 TITLE Boud Hamilton HAMILTON, BOYD N NAME 6.2 NAME 10401 Maloney Ave 6401 ALONEY AVENUE **6.9 STREET ADDRESS** STREET ADDRESS **KEY WEST FL 33040** CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do 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.

305) 201,5100