2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N51179 KEY FOUNDATION, INC.			1				05-03-2	2004 9101	2 034 ****	61.25
Principal Place of Business OLD SEVEN MILE BRIDGE MARATHON, FL 33050		Mailing Address PO BOX 500130 MARATHON, FL 33050							9	40812	97
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2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04262004	Chg-NP	CR2I	E037 (10/03)		
City & State		City & State					4. FEI Numbe 65-037			⊢	pplied For ot Applicable
Zip	Country	Zip		Cou	intry		5. Certificate	of Status Desi	red 🔲	\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Ag	ent				7. Name and	Address of N	ew Register	d Agent	
	ER, FRED D SEVEN MILE BRIDGE DN, FL 33050				Name Street A	ddress (P.O. Box Numbe	er is Not Accep	otable)		
_	u san san	_		~	City				F	Zip Coo	ie
	named entity submits this statement for ions of registered agent.	or the purpose o	of changing its re	egistere	ed office or	r register	ed agent, or bot	h, in the State			, and accept
SIGNATURE .		·									
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE:	Registere	d Agent signat	ure required	when reinstating)		DAT	E	
	Filling Fee is \$61.25 Due by May 1, 2004		Election Camp Trust Fund Co	paign F	inancing	ure required	\$5.00 May B	6	Make ch	eck payable to spartment of S	
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI	9 RECTORS	Election Camp Trust Fund Co	paign F ontributi	inancing on.		\$5.00 May B		Make ch Fiorida Dej	eck payable i partment of S DIRECTORS II	tate N 10
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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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF HIGHING OFFICER OR DIRECTOR