


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90072 042 \*\*\*\*61.25

DOCUMENT # N51179					
1. Entity Name PIGEON KEY FOUNDATION, INC.					
Principal Place of Business OLD SEVEN MILE BRIDGE MARATHON, FL 33050			Mailing Address PO BOX 500130 MARATHON, FL 33050		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STEGBAUER, FRED MM 47 OLD SEVEN MILE BRIDGE MARATHON, FL 33050				Name <u>Linda Kruszka</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>5800 Overseas Highway</u>	
				<u>Suite 6</u>	
				City <u>Marathon</u> FL Zip Code <u>33050</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE <u>Linda M Kruszka</u>				DATE <u>9/3/05</u>	
Signature, typed or printed name of registered agent and applicable (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Jim Rhyne Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HITZ, SHERRI	NAME	PO Box 500130		
STREET ADDRESS	PO BOX 500130	STREET ADDRESS	Marathon FL 33050		
CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Vice Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Pete Chapman		
STREET ADDRESS		STREET ADDRESS	PO Box 500130 Marathon FL 33050		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<u>Please Add</u>	NAME	Patti Ivey		
STREET ADDRESS		STREET ADDRESS	PO Box 500130 Marathon FL 33050		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Director Camilla Burton	NAME	Marjie Mearns		
STREET ADDRESS	PO Box 500130 Marathon FL 33050	STREET ADDRESS	PO Box 500130 Marathon FL 33050		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Director Lynn Mapes	NAME	Mike Puto		
STREET ADDRESS	PO Box 500130 Marathon FL 33050	STREET ADDRESS	PO Box 500130 Marathon FL 33050		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Director Tom Grimm	NAME	Kathy Wiljanen		
STREET ADDRESS	PO Box 500130 Marathon FL 33050	STREET ADDRESS	PO Box 500130 Marathon FL 33050		
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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: <u>[Signature]</u>				DATE <u>9/6/05</u> Daytime Phone # <u>393-1999</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	

50065759



09032005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0379803 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Filing Fee is \$61.25  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to  
Florida Department of State

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CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP	
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SIGNATURE: [Signature] DATE 9/6/05 Daytime Phone # 393-1999