


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90358 045 ****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	4. FEI Number 65-0379803	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRUSZKA, LINDA 5800 OVERSEAS HWY SUITE 6 MARATHON, FL 33050			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HITZ, SHERRI		NAME	Marje Mearns	
STREET ADDRESS	PO BOX 500130		STREET ADDRESS	Pb Box 500130	
CITY-ST-ZIP	MARATHON, FL 33050		CITY-ST-ZIP	Marathon FL 33050	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, CAMILLA		NAME		
STREET ADDRESS	P.O. BOX 500130		STREET ADDRESS		
CITY-ST-ZIP	MARATHON, FL 33050		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAPES, LYNN		NAME		
STREET ADDRESS	P.O. BOX 500130		STREET ADDRESS		
CITY-ST-ZIP	MARATHON, FL 33050		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMM, TOM		NAME		
STREET ADDRESS	P.O. BOX 500130		STREET ADDRESS		
CITY-ST-ZIP	MARATHON, FL 33050		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHYNE, JIM		NAME		
STREET ADDRESS	P.O. BOX 500130		STREET ADDRESS		
CITY-ST-ZIP	MARATHON, FL 33050		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, PETE		NAME		
STREET ADDRESS	P.O. BOX 500130		STREET ADDRESS		
CITY-ST-ZIP	MARATHON, FL 33050		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Marje Mearns</i>			Date: 4/26/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		