

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51179

FILED
Mar 07, 2007
Secretary of State

Entity Name: PIGEON KEY FOUNDATION, INC.

Current Principal Place of Business:

OLD SEVEN MILE BRIDGE
MARATHON, FL 33050

New Principal Place of Business:

1 KNIGHTS KEY BOULEVARD
MARATHON, FL 33050

Current Mailing Address:

PO BOX 500130
MARATHON, FL 33050

New Mailing Address:

FEI Number: 65-0379803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUSZKA, LINDA
5800 OVERSEAS HWY
SUITE 6
MARATHON, FL 33050 US

Name and Address of New Registered Agent:

SHOWS, JESS W
1 KNIGHTS KEY BOULEVARD
MARATHON, FL 33050 US

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.

SIGNATURE: JESS W SHOWS 03/07/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEARNT, MARYE
Address: P.O. BOX 500130
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: BURTON, CAMILLA
Address: P.O. BOX 500130
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: MAPES, LYNN
Address: P.O. BOX 500130
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: GRIMM, TOM
Address: P.O. BOX 500130
City-St-Zip: MARATHON, FL 33050

Title: C () Delete
Name: RHYNE, JIM
Address: P.O. BOX 500130
City-St-Zip: MARATHON, FL 33050

Title: VC () Delete
Name: CHAPMAN, PETE
Address: P.O. BOX 500130
City-St-Zip: MARATHON, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM RHYNE C 03/07/2007

Electronic Signature of Signing Officer or Director Date