2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51179

Entity Name: PIGEON KEY FOUNDATION, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

PIGEON KEY ISLAND - OLD 7-MILE BRIDGE MARATHON, FL 33050

Current Mailing Address: New Mailing Address:

PO BOX 500130 5800 OVERSEAS HIGHWAY #6 MARATHON, FL 33050 MARATHON, FL 33050

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHOWS, JESS W 1 KNIGHTS KEY BOULEVARD BOX NUMBER 500130 MARATHON, FL 33050 US

CRUZ MORATO & ASSOCIATES 5800 OVERSEAS HIGHWAY, #6 MARATHON, FL 33050

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: MARLENE C. MORATO 04/30/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CHAI (X) Change () Addition () Delete RHYNE, JIM MR. RHYNE, JIM MR. Name: Name: P.O. BOX 500130 Address: P.O. BOX 500130 Address: City-St-Zip: MARATHON, FL 33050 City-St-Zip: MARATHON, FL 33050 Title: VC Title: (X) Change () Addition () Delete SCHINDLER, MARV MR. Name: STEINMETZ, ARNOLD G MR. Name: Address: P.O. BOX 500130 Address: P.O. BOX 500130 City-St-Zip: MARATHON, FL 33050 City-St-Zip: MARATHON, FL 33050 Title: SEC () Delete Title: () Change () Addition IVEY, PATRICIA MRS. Name: Name: Address: P.O. BOX 500130 Address:

City-St-Zip: MARATHON, FL 33050 City-St-Zip:

Title: TREA () Delete Title: (X) Change () Addition PANKOW, CHRIS MR. Name: Name: PANKOW, CHRIS MR.

P.O. BOX 500130 Address: P.O. BOX 500130 Address: City-St-Zip: MARATHON, FL 33050 City-St-Zip: MARATHON, FL 33050

Title: () Delete Title: () Change (X) Addition

DANIELS, BEN Name: Name: P.O. BOX 500130 Address: Address: City-St-Zip: City-St-Zip: MARATHON, FL 33050

Title: () Delete Title: () Change (X) Addition

CHAPLIN, BETTYE Name: Name: Address: Address: P.O. BOX 500130 MARATHON, FL 33050 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARLENE C. MORATO **CPA** 04/30/2009