

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90037 044 \*\*\*\*61.25

|                                                                                        |                                                                                   |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N92000000196</b><br>1. Entity Name<br>UPPER KEYS ROTARY FOUNDATION, INC. |  |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                          |                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br>91645 OVERSEAS HWY<br>TAVERNIER, FL 33070 | Mailing Address<br>91645 OVERSEAS HWY<br>TAVERNIER, FL 33070 |
|--------------------------------------------------------------------------|--------------------------------------------------------------|

|                                                |                     |
|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

01162007 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0385528

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

|                                                                                              |
|----------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b>                                       |
| MULICK, NICHOLAS W ESQ<br>NICHOLAS W MULICK, PA<br>91645 OVERSEAS HWY<br>TAVERNIER, FL 33070 |

|                                                    |
|----------------------------------------------------|
| <b>7. Name and Address of New Registered Agent</b> |
| Name                                               |
| Street Address (P.O. Box Number is Not Acceptable) |
| City                                               |
| FL Zip Code                                        |

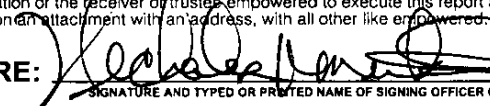
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|           |                                                              |      |
|-----------|--------------------------------------------------------------|------|
| SIGNATURE | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--------------------------------------------------------------|------|

|                                                     |                                                                                                                 |                                                              |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                              |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>YPSILANTI, CHRIS<br>238 2ND ROAD<br>KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Treasurer<br>Don Horton<br>144 Apache St<br>Tavernier, FL 33070 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CHANEY, RANDY<br>124 BEE STREET<br>TAVERNIER, FL 33070 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PE<br>LUPINO, JAMES S<br>12 SOUTH DRIVE<br>KEY LARGO, FL 33037 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>HERTEL, GEORGE<br>136 SEASHORE DR<br>ISLAMORADA, FL 33036 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>ROTH, JOE H II<br>183 KAHIKI DRIVE<br>TAVERNIER, FL 33070 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MULICK, NICHOLAS W<br>91645 OVERSEAS HWY<br>TAVERNIER, FL 33070 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |

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.

|                                                                                                       |                    |         |                 |
|-------------------------------------------------------------------------------------------------------|--------------------|---------|-----------------|
| <b>SIGNATURE:</b>  | Nicholas W. Mulick | 1-16-07 | 305-852-9292    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                    |                    | Date    | Daytime Phone # |