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Feb 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moynihan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000765 (9)

1. Corporation Name

LOWER KEYS HEART COUNCIL, INC.

Principal Place of Business

Mailing Address

2432 FLAGLER AVE.
KEY WEST FL 33040

2432 FLAGLER AVE.
KEY WEST FL 33040-3844



3. Date Incorporated or Qualified
12/14/1992

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0379041

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOROS, BRUCE L M.D.
8251 LA RAMPA ST.
CORAL GABLES FL 33143-6410

61 Name Sharon A. Moore

62 Street Address (P.O. Box Number is Not Acceptable)
2432 Flagler Avenue

63

64 City Key West

FL

65 Zip Code 33040

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Sharon A. Moore

1-31-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE

NAME RIVERA, MIKE
STREET ADDRESS JUNIOR COLLEGE RD.
CITY-ST-ZIP KEY WEST FL

TITLE TD ☐ DELETE

NAME MOORE, SHARON A
STREET ADDRESS 2432 FLAGLER AVE.
CITY-ST-ZIP KEY WEST FL

TITLE PD ☐ DELETE

NAME BOROS, BRUCE L
STREET ADDRESS 8251 LA RAMPA ST.
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME RAYMOND RODRIGUEZ
1.3 STREET ADDRESS 1001 JAMES ST.
1.4 CITY-ST-ZIP KEY WEST, FL 33040

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SHARON MOORE
2.3 STREET ADDRESS 2432 FLAGLER AVE.
2.4 CITY-ST-ZIP KEY WEST, FL 33040

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME MARTY COHEN
3.3 STREET ADDRESS 3930 S ROOSEVELT BLVD. #N-303
3.4 CITY-ST-ZIP KEY WEST, FL 33040

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME NANCY GIBSON
4.3 STREET ADDRESS 3608 NORTHSIDE DR.
4.4 CITY-ST-ZIP KEY WEST, FL 33040

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Bank Dep # 61.25 VB221

14. I do 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 annual report or supplemental annual 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 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

Sharon A. Moore

1/31/97 (305) 294-6606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone # 0024632

CR2E037 (9/96)