2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 08, 2004 8:00 am Secretary of State

DOCUMENT # N9200000765 1. Entity Name LOWER KEYS HEART COUNCIL, INC.					07-08-2004 90191 046 ****61.25					
Principal Place 2432 FLAGLI KEY WEST, FI	ER AVE.	Mailing Address 2432 FLAGLER A KEY WEST, FL 33								
2. Principal Place of Business 3. Mailing			ing Address							
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.		07022004 Chg-NP CR2E037 (10/03)					
City & State		City & State			4. FEI Number 65-0379041			Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required 5.					
	6. Name and Address of Curr	Name	7. Name and Address of New Registered Agent Name							
MOORE, SHARON A 2432 FLAGLER AVE.				Address (P.O.	s (P.O. Box Number is Not Acceptable)					
KEY WES	T, FL 33040									
ji Visa u					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 .	Signature, typed or printed name of registered	great and title if anning blo	(NOTE: Registered Agent sign	nadw beninnes enuter	n reinstating)		DATE			
	Signature, types or printed rialite or registeres i	again and the mappineadis.	Trong trogistored rigoria sign	atore required in the						
Filing Fee is \$61.25 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution.					5.00 May Be ded to Fees		ake check da Departr			
10.	OFFICERS AND	DIRECTORS	11.	ADD	ITIONS/CHANGE	S TO OFFICER				
TITLE NAME	PD (☐ Delet	e TITLE NAME	DIAME	618502			Change	Addition	
STREET ADDRESS				3406	3406 N. ROOSEYELT BLYD.					
CITY-ST-ZIP	KEY WEST, FL		CITY-ST-ZIP	KEY	WEST, FL	_ 330				
TITLE	TD GIBSON, NANCY	Delet	e TITLE NAME	D	CUPED			Change	Addition	
NAME STREET ADDRESS	3608 NORTHSIDE DR	.e	STREET ADDRESS		OK 1598					
CITY-ST-ZIP	KEY WEST, FL		CITY-ST-ZIP	KEY W	NEST FL	33040				
TITLE	SD CATING	Delet						Change	☐ Addition	
NAME STREET ADDRESS	OVIDE, CATHY 3619 EAGLE AVE		NAME STREET ADDRES	,						
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP							
TITLE		☐ Delet	•					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRES	5						
CITY-ST-ZIP			CITY-ST-ZIP							
ŤITLE	1	☐ Dele	le TITLE					☐ Change	Addition	
NAME			NAME STREET ADDRES		٠					
STREET ADDRESS CITY-ST-2IP	4		CITY-ST-ZIP	`		1ı		•		
TITLE		Delei	te TITLE	,		•		☐ Change	☐ Addition	
NAME	· #	-	NAME				-			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES CITY-ST-ZIP							
12. I hereby indicated of the co	certify that the information supplied ton this report or supplemental rep rporation or the receiver or pustee , or on an attachment with an addre	with this filing does not que ort is true and accurate an empowered to execute this	ualify for the exemption s d that my signature sha report as required by C	tated in Section I have the same hapter 617, Fl	on 119.07(3)(i), Flo ne legat effect as it lorida Statutes; and	rida Statutes. I made under d d that my name	further certinath; that I are appears in	fy that the in n an officer Block 10 or	nformation or director Block 11 if	
Changed		ess, with all other like empo	owered.				303			

SHARON A. MODRE, PRESIDENT