


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000000765	
1. Entity Name LOWER KEYS HEART COUNCIL, INC.	

Principal Place of Business 2432 FLAGLER AVE. KEY WEST, FL 33040	Mailing Address 2432 FLAGLER AVE. KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



01082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0379041	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MOORE, SHARON A
2432 FLAGLER AVE.
KEY WEST, FL 33040

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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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, SHARON A 2432 FLAGLER AVE. KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, DIANE 2406 N. ROOSEVELT BLVD KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OVIDE, CATHY 3619 EAGLE AVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNEO, JULIE PO BOX 1598 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/05-80053-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Sharon A. Moore, President 1-10-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #