

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 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**



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0379041**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees.**

**10. OFFICERS AND DIRECTORS**

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

TITLE D  
NAME GIBSON, DIANE  
STREET ADDRESS 2406 N. ROOSEVELT BLVD  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE SD  
NAME OVIDE, CATHY  
STREET ADDRESS 3619 EAGLE AVE  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE D  
NAME CUNEO, JULIE  
STREET ADDRESS PO BOX 1598  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000383958  
01/13/06-80022-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 - changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06 (305) 294-6622  
Date Daytime Phone #