## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2008 08:00 AM Secretary of State

ANNUAL REPORT							00 00.00	
DOCUMENT # N9200000765					ì	Secreta	ry of Sta	
1. Entity Nam	ie KEYS HEART COUNCIL, INC							
Principal Plac	e of Business	Mailing Address		ļ				
2432 FLAGLER AVE. KEY WEST, FL 33040		2432 FLAGLER AVE. KEY WEST, FL 33040		<b>,</b>				
NEI WEST, T	L 33040	KET 11231, TE 33040			N FRIIS IITIL BAIII FAIII BAII	I STIG TTIG TRIU ITALI	R(40) 0 ((((0))	
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in and a second of the	O NOT WRITE	IN THIS SPA	CF		No Chg-NP	CR2E037 (4		
				4. FEI Numb 65-037		-	Applied For Not Applicable	
		<b>第二人称《李·唐典》</b>		5. Certificate	of Status Desired		5 Additional equired	
restlesit; r	6. Name and Address of Current Ro	egistered Agent	To the second section.			1 66 1	oquii du	
MOORE	SHADON A							
MOORE, SHARON A 2432 FLAGLER AVE.				2000年2000年1	NOT W			
KEY WEST, FL 33040				IN	THIS SP	ACE		
	named entity submits this statement for t	he purpose of changing its registe	red office or register	red agent, or bo	th, in the State of Flo	rida. Lam familia	r with, and accept	
the obligat	tions of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and little if approachle. (NOTE: Registered Agent signature require					d when reinstating) DATE			
Filing Fee is \$61.25 9. Election Campaign Finan			ancina \$5	.00 May Be				
	Due by May 1, 2008	Trust Fund Contribution		led to Fees	00000   02720708	0823345  -80032-02	n si 25	
10.	OFFICERS AND D	IRECTORS		de la				
TITLE NAME	PD MOORE, SHARON A					rigari daga daga daga daga daga daga daga dag		
STREET ADDRESS	2432 FLAGLER AVE.						9.41	
CITY-ST-ZIP	KEY WEST, FL	·						
TITLE NAME	D GIBSON, DIANE							
STREET ADDRESS	2406 N. ROOSEVELT BLVD							
CITY-ST-ZIP	KEY WEST, FL 33040						ស្រួមសុខ មា	
THILE	SD CATUR							
NAME STREET ADDRESS	OVIDE, CATHY 3619 EAGLE AVE						n de sage	
CITY-ST-ZIP	KEY WEST, FL 33040			טע	NOT W	RITE	****	
TITLE	D		्रिक्षा क्रिक्ट है। जिस्सार	ÍN	THIS SF	PACE		
NAME STREET ADDRESS	CUNEO, JULIE PO BOX 1598						Y. 19 M. Ma	
CITY-ST-ZIP	KEY WEST, FL 33040			er de				
TITLE								
NAME			The state of the s					
STREET ADORESS CITY-ST-ZIP							e. 30000 − e. 1\$ 	
TITLE						Barana ay a sanar Sanara		
NAME				At. Bullet		r tad Tabana ana	Control of the same of	

12. I nereby certify that the information supplied with this lilling 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 ceth, 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.

SICNATURE:

STREET ADDRESS

The More President STATE OF ST

2/1/08

Daytime Phone #