2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N92000000765

Entity Name: LOWER KEYS HEART COUNCIL, INC.

Current Principal Place of Business:

2432 FLAGLER AVE.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

2432 FLAGLER AVE.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0379041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOORE, SHARON A
Address: 2432 FLAGLER AVE.
City-St-Zip: KEY WEST, FL

Title: D ( ) Delete
Name: GIBSON, DIANE
Address: 2406 N. ROOSEVELT BLVD
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete
Name: OVIDE, CATHY
Address: 3619 EAGLE AVE
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: CUNEO, JULIE
Address: PO BOX 1598
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON A. MOORE PRES 01/07/2009

Electronic Signature of Signing Officer or Director — Date