FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jan 16 1998 8:00am

AIVIN	1998		Secretary of S DIVISION OF CORPO				ONS	Secretary of State				
DOCU 1. Corporation	MENT #	N93000	0001386	(2)								
KEY BISCAYNE 4TH OF JULY PARADE COMMITTEE, INC.								i inntitut den theun titel anele marte matte ante	() 88(8) () 88	iriāl iā:	19 Ain 18At	
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Principal Place of Business Mailing Address								- L HABILIER SIE IDISE LINI BOLLY OSTIT BALLI UST	H 00184 11800	ristan Lat		
330 PALMWOOD LANE 330 PALMWOOD LANE KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149								3. Date Incorporated or Qualified	Manager Seal care	Series Statement		
NEI DISCATINE	: FL 33149		KEY BISCAYNE FI	L 33149				03/25/1993		<u></u>		
								4. FE! Number 65-0402923	-		olied For Applicable	
Principal Place of Business 2a. Mailing Address						_	- 	5. Certificate of Status Desired	\$8.		dditional	
21			26					ر تا در تا در تا معنون در به ما ما ما در	Fe	e Rec	uired	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					6. Election Campaign Financing Trust Fund Contribution		00 м led to l		
City & State			City & State					7. Is this nonprofit corporation a homeow				
23	28					☐ Yes	☐ No	<u></u>				
Zip 24	Country Zip 29 30					tгy		8. This corporation owes or has paid the Personal Property Tax due June 30.	current yea		ngible No	
9. Name and Address of Current Registered Agent						_		10. Name and Address of New Register				
[_ _				- [8	81	Name					
YARNELL, EDWARD F						82	Street Addre	ess (P.O. Box Number is Not Acceptable)	*			
330 PALMWOOD LANE						83		and the second s	<u>. تا سين .</u>	يتهيسون آخي		
KEY BISCAYNE FL 33149										ii arket		
						84	City		85	Zip Co	ode	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the							named corpo	pration submits this statement for the purpose	of changi	ng its	registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											agistered j	
SIGNATURE	Stepahire broad or odel	led name of registered agent	and title if applicable	(NOTE:	Posictored (Ann	et cionaturo populto:	d when reinstating)	_==_i	71. =		
12.	Signature, typos or print	OFFICERS AND		VIO.12.	13.	- 001	a signaturo roquiroc	ADDITIONS/CHANGES TO OFFICERS A		TORS	IN 12	
TITLE	VPDT		DE	LETE	1.1 TITL	E			Cha	nge	Addition	
NAME	YARNELL, JA				1.2 NAM	Æ	ţ				ŧ	
STREET ADDRESS	15. 5.00						NODRESS					
CITY-ST-ZIP	VPDS	NE FL 33149	DĒ DĒ	TETE	1.4 CITY 2.1 TITL	_	-ZIP	and the second s	[Chai	nne	Addition	
NAME	BAILEY, DOROTHEA					Æ			المالات السيا	·go		
STREET ADDRESS					2.3 STRE		ADDRESS .				1	
CITY-ST-ZIP	KEY BISCAYN	NE FL 33149			2, 4 CITY	Y-S1	-ZIP		: 1 27.48	ecu.		
TITLE	PD		☐ DE	LETE	3.1 TITLE				Char	nge	, Addition .	
NAME	STICKNEY, TI				3.2 NAM							
STREET ADDRESS CITY-ST-ZIP	285 WOODCI KEY BISCAYN				3.3 STRE 3.4. City		j				}	
TITLE	VPD	16 1 6 00 140	DEI	LETE	4,1 TITLE		-411	والمتعادي وهوا معوال المستقد المستحول المستحول	Char	nge	Addition	
NAME	STONE, EDW.	ARD H			4. 2 NAM	ΛE	}]	
STREET ADDRESS	145 HAMPTO				4,3 STRE	ΕľΑ	DDRESS				}	
CITY-ST-ZIP	KEY BISCAYN	IE FL 33149	 		4.4 CITY	_	ZIP	TALL TO SERVE STATE OF THE SERVER STATE OF THE		3 · : 325		
TITLE	VPD	N. C	☐ DEI	FF1F	5.1 TITUE		{		Char	ige (Addition	
NAME Street address	RICE, MICHEA 325 REDWOO				5.2 NAMI 5.3 STRE		DDDESS				}	
CITY-ST-ZIP	KEY BISCAYN				5.4 CITY				AN INCOME.	emarine.		
TITLE	D		DEL	LETE	6.1 TITLE				Chan	ige	Addition	
NAME	YARNELL, ED	WARD F A	<u> </u>		6.2 NAMI	E	Ì				}	
STREET ADDRESS	380 PALMWO	OD LANE			6.3 STRE	ET A	DDRESS					

CITY-ST-ZIP KEY BISCAYNE FL 33149

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if changed or on an attachment with an address.

KEY BISCAYNE FL 33149