FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001751 (7)

1. Corporation Name
KEEWAYDIN INSTITUTE, INC.

Principal Place of Business	Mailing Address
260 BAY RD. NAPLES FL 33940	P.O. BOX 2777 NAPLES FL 33939

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 3150 Green Dolphin Ln.	← Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. "
23 City & State NAPLES FL.	28 City & State "
24 Zip 33940 25 Country USA	29 Zip 33940 30 Country USA

9. Name and Address of Current Registered Agent

THOMAS, CONROY
975 6TH AVENUE SOUTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BOLTON, DRACKETT S	1.2 NAME	DRACKETT, BOLTON S.	
STREET ADDRESS	3150 GREEN DOLPHIN LN	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	33940	
TITLE	D	2.1 TITLE	← Omit/Void	☒ Change ☐ Addition
NAME	WRIGHT, PARKE	2.2 NAME		
STREET ADDRESS	2919 GULF SHORE BLVD #403	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	MCCABE, CHARLES L	3.2 NAME		
STREET ADDRESS	455 15TH AVE SOUTH	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	33940	
TITLE	D	4.1 TITLE	DIRECTOR EX OFFICIO	☒ Change ☐ Addition
NAME	LYTTON, GARY	4.2 NAME		
STREET ADDRESS	10 SHELL RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	33962	
TITLE		5.1 TITLE	D/V	☐ Change ☒ Addition
NAME		5.2 NAME	R. CHRIS OTT	
STREET ADDRESS		5.3 STREET ADDRESS	1784 ALAMANDA DR.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NAPLES, FL. 33940	
TITLE		6.1 TITLE	S/D	☐ Change ☒ Addition
NAME		6.2 NAME	BARRET C. OTT	
STREET ADDRESS		6.3 STREET ADDRESS	375 8TH AVE SOUTH Apt B.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NAPLES FL 33940	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bolton S. Drackett 4/26/95 813 649 6634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BOLTON S. DRACKETT

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