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 MAR -2 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005424 (7)

1. Corporation Name

UPPER KEYS INTERAGENCY COUNCIL, INC.

Principal Place of Business	Mailing Address
99551 OVERSEAS HWY SUITE 200 KEY LARGO FL 33037	99551 OVERSEAS HWY SUITE 200 KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1993
3a. Date of Last Report: 08/04/1994
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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

BAUER, MARILYN
99551 OVERSEAS HWY
SUITE 200
KEY LARGO FL 33037

NOW OUT

10. Name and Address of New Registered Agent

81 Name: LYNDA NEWMAN
82 Street Address (P.O. Box Number is Not Acceptable): 100 Broadway
83
84 City: Tavernier FL 85 Zip Code: 33070

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: LYNDA A NEWMAN, Advisory Board — DATE: 2/22/95
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	DP	1.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	BAUER, MARILYN	1.2 NAME	BOB WILKINSON
STREET ADDRESS	99551 OVERSEAS HWY., STE. 200	1.3 STREET ADDRESS	P.O. BOX 507
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	VD	2.1 TITLE	Secretary ☐ Change ☒ Addition
NAME	MCFARLAND, RHODA	2.2 NAME	Craig Johnson
STREET ADDRESS	89901 OLD HWY.	2.3 STREET ADDRESS	175 Wrenn St.
CITY-ST-ZIP	TAVERNIER FL	2.4 CITY-ST-ZIP	Tavernier, FL 33070
TITLE	DT	3.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME	MARCUM, JOSEPH C.	3.2 NAME	Rhonda Seyfried
STREET ADDRESS	P. O. BOX 286 N/A	3.3 STREET ADDRESS	175 Wrenn St.
CITY-ST-ZIP	TAVERNIER FL	3.4 CITY-ST-ZIP	Tavernier, FL 33070
TITLE	~~P~~ Pres. Elect	4.1 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, LYNDA = YES	4.2 NAME	
STREET ADDRESS	~~P. O. BOX 286 N/A~~ 100 Broadway	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	BREWER, JOE — he's cancelled	5.2 NAME	
STREET ADDRESS	P. O. BOX 363	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	WOODS, BARBARA	6.2 NAME	
STREET ADDRESS	P.O. BOX 363 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	6.4 CITY-ST-ZIP	

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: Lynda A Newman — 2/6/95 — (305) 853521
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0005760