

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004265

FILED  
Feb 13, 2005  
Secretary of State

**Entity Name:** KEY BISCAYNE LIGHTHOUSE RUN AND WALK, INC.

**Current Principal Place of Business:**

101 OCEAN LANE DR  
APT 106  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JAMES BREWSTER  
P.O. BOX 528  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 65-0516611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BREWSTER, JAMES H  
101 OCEAN LANE DRIVE  
APT 106  
KEY BISCAYNE, FL 33149 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: DPS ( ) Delete  
Name: BREWSTER, JAMES H  
Address: 101 OCEAN LANE DR #106  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: STONE, EDWARD H  
Address: 145 HAMPTON LN  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: OWENS, ANN S  
Address: 200 OCEAN LN DR  
City-St-Zip: KEY BISCAYNE, FL 33149

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES H. BREWSTER

DPS

02/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date