

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004767

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** FLORIDA KEYS FEDERATION OF CHAMBERS OF COMMERCE, INC.

**Current Principal Place of Business:**

31020 OVERSEAS HWY  
MILE MARKER 31, OCEANSIDE  
BIG PINE KEY, FL 33043 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 430511  
BIG PINE KEY, FL 33043 US

**New Mailing Address:**

402 WALL ST  
KEY WEST, FL 33040 US

**FEI Number:** 59-2626641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEVENS, CAROLE  
31020 OVERSEAS HWY  
BIG PINE KEY, FL 33043 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: DP ( ) Delete  
Name: STEVENS, CAROLE  
Address: 29510 CONSTITUTION AVENUE  
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: DTS ( ) Delete  
Name: PANICO, VIRGINIA  
Address: 1514 19TH STREET  
City-St-Zip: KEY WEST, FL 33040 US

Title: DV ( ) Delete  
Name: SAMMES, DANIEL  
Address: 12222 OVERSEAS HWY  
City-St-Zip: MARATHON, FL 33050 US

**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 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: VIRGINIA A. PANICO

DTS

03/26/2009

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

\_\_\_\_\_  
Date