

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90042 015 \*\*\*\*61.25

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<b>DOCUMENT # N94000005847</b> 1. Entity Name <b>FKEC MEMBERS CHARITABLE TRUST, INC.</b>					
Principal Place of Business <b>91605 OVERSEAS HIGHWAY TAVERNIER, FL 33070</b>			Mailing Address <b>91605 OVERSEAS HIGHWAY TAVERNIER, FL 33070</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01262006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>65-0536026</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PLANER, TIMOTHY E 91605 OVERSEAS HIGHWAY TAVERNIER, FL 33070</b>			7. Name and Address of New Registered Agent Name <b>NEWBERRY, G. SCOTT</b> Street Address (P.O. Box Number is Not Acceptable) <b>91605 OVERSEAS HIGHWAY</b> City <b>TAVERNIER</b> FL Zip Code <b>33070</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<b>G. Scott Newberry</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WAMPLER, SHARON</b> <input type="checkbox"/> Delete <b>129 NAUTILUS DR.</b> <b>ISLAMORADA, FL 33036</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kohlhofer, Susan</b> <b>117 Gumbo Limbo Road</b> <b>Islamorada, FL 33036</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>BORGUSS, LLOYD</b> <b>26 CORRINE PLACE</b> <b>KEY LARGO, FL 33037</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>MACALUSO, TONY</b> <b>91731 OVERSEAS HIGHWAY</b> <b>TAVERNIER, FL 33070</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <input type="checkbox"/> Delete <b>GRADICK, KAY</b> <b>POST OFFICE BOX 500927 N/A</b> <b>MARATHON, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MARLIN, SIMON</b> <b>PO BOX 904</b> <b>ISLAMORADA, FL 33036</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>KNUDSEN, JUANITA</b> <b>48 RUSSELL LANE NORTH</b> <b>ISLAMORADA, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Katherine Gradick</b> Date <b>2/6/2006</b> Daytime Phone # <b>305 852-2431</b>		