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FILED

Jul 02 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N95000005227 (2)

1. Corporation Name

INTERAGENCY COUNCIL, INC.



Principal Place of Business

Mailing Address

C/O MARY CASANOVA, LITERACY VOLUNTEERS  
917 FRANCIS ST., #2  
KEY WEST FL 33040

P O BOX 2224  
KEY WEST FL 33045

3. Date Incorporated or Qualified

11/03/1995

4. FEI Number

65-0621071

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASANOVA, MARY  
LITERACY VOLUNTEERS  
917 FRANCIS ST., #2  
KEY WEST FL 33040

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME TAYLOR, ANN  
STREET ADDRESS 1200 KENNEDY DR., STE 100  
CITY-ST-ZIP KEY WEST FL 33040 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME CAPTAIN JERRY HOLMES/SHARON GENTRY  
STREET ADDRESS 1920 FLAGLER AVE  
CITY-ST-ZIP KEY WEST FL 33040 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME CASANOVA, MARY  
STREET ADDRESS 917 FRANCIS ST., #2  
CITY-ST-ZIP KEY WEST FL 33040 ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME HOLLIDAY, JODY  
STREET ADDRESS 151 AVENUE C  
CITY-ST-ZIP KEY WEST FL 33040 ☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE D  
NAME SCALLY, YVONNE  
STREET ADDRESS 1401 FLAGLER AVE  
CITY-ST-ZIP KEY WEST FL 33040 ☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE D  
NAME ANAZLONE, FANANCY  
STREET ADDRESS 1325 SOUTH ROOSEVELT BLVD  
CITY-ST-ZIP KEY WEST FL 33040 ☒ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing 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:

*[Signature]*

4/10/98 305-9716-9501

CR2E037 (10/97)