

SECOND NOTICE: CORPORATION WILL BE DELETED AFTER 90 DAYS, 1. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

26

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$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

22

27

23

28

24

25

29

30

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  
33

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

TITLE PD ☒ DELETE

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

TITLE VD ☒ DELETE

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

TITLE SD ☒ DELETE

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

TITLE TD ☒ DELETE

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

TITLE D ☒ DELETE

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

TITLE D ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME NANCY GRAHAM  
1.3 STREET ADDRESS 3132 FLAGLER AVE  
1.4 CITY-ST-ZIP KEY WEST FL

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME MARCIA PETERS  
2.3 STREET ADDRESS 3434 RIVERS DRIVE  
2.4 CITY-ST-ZIP Key West, FL 33040

3.1 TITLE SD ☐ Change ☒ Addition

3.2 NAME SUZANNE SKJOLD  
3.3 STREET ADDRESS 1400B UNITED ST  
3.4 CITY-ST-ZIP KEY WEST FL 33040

4.1 TITLE TD ☐ Change ☒ Addition

4.2 NAME ROBERTA LOUDENSLAGER  
4.3 STREET ADDRESS POB 421003 N/A  
4.4 CITY-ST-ZIP Summerland Key, FL 33042

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Robert Loudenslager*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-98 305-445-2851

Date Daytime Phone #

FILED

98 OCT 16 PM 4:23

SECRETARY OF STATE



0012384

CR2E037 (5/98)