

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005227

1. Corporation Name

INTERAGENCY COUNCIL, INC.

Principal Place of Business

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

Mailing Address

P O BOX 2224
KEY WEST FL 33045

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90053 029 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/03/1995

4. FEI Number

65-0621071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **NANCY K. GRAHAM, AMERICAN RED CROSS**
82 Street Address (P.O. Box Number is Not Acceptable) **3132 FLAGLER AVENUE**
83
84 City **KEY WEST** FL 85 Zip Code **33040**

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

Nancy Graham

1-28-99
DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD GRAHAM, NANCY**
STREET ADDRESS **3132 FLAGLER AVE**
CITY-ST-ZIP **KEY WEST FL**

TITLE ☐ DELETE
NAME **VD PETERS, MARCIA**
STREET ADDRESS **3434 RIVERA DRIVE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ DELETE
NAME **SD SKJOLD, SUZANNE**
STREET ADDRESS **1400 B UNION STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ DELETE
NAME **TD LOUDENSLAGER, ROBERTA**
STREET ADDRESS **P.O. BOX 421003, N/A**
CITY-ST-ZIP **SUMMERLAND KEY FL 33042**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **PD Graham, Nancy**
1.3 STREET ADDRESS **3132 Flagler Ave.**
1.4 CITY-ST-ZIP **Key West, FL 33040**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **VD Peters, Marcia**
2.3 STREET ADDRESS **3434 Rivera Drive**
2.4 CITY-ST-ZIP **Key West, FL 33040**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SD SKJOLD, SUZANNE**
3.3 STREET ADDRESS **1400 B UNITED ST**
3.4 CITY-ST-ZIP **KEY WEST FL 33040**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **TD Loudenslager, Roberta**
4.3 STREET ADDRESS **POB. 421003**
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 ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-99
Date

296-4033
Daytime Phone #

CR2E037 (11/98)