2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 91290 014 ****61.25

DOCUMENT # N95000005227

1. Entity Name

INTERAGENCY COUNCIL, INC.

Principal Place of Business	Mailing Address
% NANCY GRAHAM AMER. RED CROSS 3132 FLAGLER AVE KEY WEST FL 33040 US	P O BOX 2224 KEY WEST FL 33045

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O ROBERTA MARKOW/LIFELINE	
Suite, Apt. #, etc.: 422 FLEMING ST #8	Suite, Apt. #, etc.
City & State: KEY WEST FL	City & State
Zip: 33040 Country: USA	Zip Country

4. FEI Number 65-0621071 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAHAM, MNANCY K 3132 FLAGLER AVE KEY WEST FL 33040	Name: ROBERTA MARKOW Street Address (P.O. Box Number Is Not Acceptable): 422 FLEMING STREET #8 City: KEY WEST FL Zip Code: 33040

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.

SIGNATURE: ROBERTA MARKOW, TREAS. 3/19/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRAHAM, NANCY 3132 FLAGLER AVE KEY WEST FL 33040	☒ Delete	TITLE D NAME SEC/TREAS STREET ADDRESS ROBERTA MARKOW C/O LIFELINE CITY-ST-ZIP 422 FLEMING ST KEY WEST FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PETERS, MARCIA 3434 RIVERA DRIVE KEY WEST FL 33040	☒ Delete	TITLE D NAME PRESIDENT STREET ADDRESS KIARA MORGAN CITY-ST-ZIP 3029 N. ROOSEVELT BLVD #4 KEY WEST FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SKJOLD, SUZANNE 1400 B UNITED ST KEY WEST FL 33040	☒ Delete	TITLE D NAME VICE PRESIDENT STREET ADDRESS DIANA SCHEINER C/O NAS CITY-ST-ZIP 804 SIGSBEE RD KEY WEST FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOUDENSLAGER, ROBERTA P.O. BOX 421003, N/A SUMMERLAND KEY FL 33042	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KIARA MORGAN 3029 N. ROOSEVELT BLVD #4 KEY WEST, FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRES. DIANA SCHEINER C/O NAS 804 SIGSBEE RD KEY WEST FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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: ROBERTA MARKOW 3/19/01 305-304-3462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #