

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005227

FILED  
May 28, 2009  
Secretary of State

Entity Name: INTERAGENCY COUNCIL, INC.

## Current Principal Place of Business:

C/O LINDA WELSH  
1400 UNITED ST., #104  
KEY WEST, FL 33040 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2763  
KEY WEST, FL 33045

## New Mailing Address:

PO BOX 2763  
KEY WEST, FL 33045 27

FEI Number: 65-0621071      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

WELSH, LINDA D  
1400 UNITED STREET  
#104  
KEY WEST, FL 33040 US

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SUTTON, NANCY  
Address: 1110 FLEMING STREET, 4  
City-St-Zip: KEY WEST, FL 33040

Title: V ( ) Delete  
Name: STUDDARD, KEITH  
Address: 1830 ATLANTIC BLVD., C-325  
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Delete  
Name: KAPLE, STEPHANIE  
Address: 1830 FOGERTY AVE #  
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete  
Name: TRAYLOR, DERRICK L  
Address: 713 HILTON HAVEN  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: STUDDARD, KEITH  
Address: 1800 ATLANTIC BLVD., C-325  
City-St-Zip: KEY WEST, FL 33040

Title: S (X) Change ( ) Addition  
Name: KAPLE, STEPHANIE  
Address: 1830 FOGERTY AVE #  
City-St-Zip: KEY WEST, FL 33040

Title: T (X) Change ( ) Addition  
Name: TRAYLOR, DERRICK L  
Address: 7-B HILTON HAVEN  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH STUDDARD

V

05/28/2009

Electronic Signature of Signing Officer or Director

Date