

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005227

FILED
Feb 09, 2012
Secretary of State

Entity Name: INTERAGENCY COUNCIL, INC.

Current Principal Place of Business:

C/O CHRISTOPHER TITTEL
634 LOUISA STREET #5
KEY WEST, FL 33040 US

New Principal Place of Business:

1434 KENNEDY DRIVE
KEY WEST, FL 33040 US

Current Mailing Address:

C/O CHRISTOPHER TITTEL
634 LOUISA STREET #5
KEY WEST, FL 33040 US

New Mailing Address:

PO BOX 2763
KEY WEST, FL 33045 US

FEI Number: 65-0621071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TITTEL, CHRISTOPHER MR.
634 LOUISA STREET
#5
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

TRAYLOR, DERRICK L MR.
1434 KENNEDY DRIVE
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: DERRICK L TRAYLOR

02/09/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SOUCY, PAM
Address: 815 WHITE STREET
City-St-Zip: KEY WEST, FL 33040

Title: V
Name: LOPEZ, DARIA
Address: 5220 COLLEGE ROAD
City-St-Zip: KEY WEST, FL 33040

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

Title: T
Name: TRAYLOR, DERRICK L
Address: 30 HILTON HAVEN RD., APT. 6
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: DERRICK L TRAYLOR

T

02/09/2012

Electronic Signature of Signing Officer or Director

Date