

FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002350 (4)**
1. Corporation Name
COMMUNITY FOUNDATION OF THE FLORIDA KEYS, INC.



Principal Place of Business 1010 KENNEDY DRIVE KEY WEST FL 33040	Mailing Address 1010 KENNEDY DRIVE KEY WEST FL 33040-4019
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3. Date Incorporated or Qualified 05/01/1996	3a. Date of Last Report
4. FEI Number 65-0648968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent
**BOHATCH, JOHN S
19 WEST FLAGLER ST.
14TH FLOOR
MIAMI FL 33130**

10. Name and Address of New Registered Agent	
81 Name Robert R. Padron	
82 Street Address (P.O. Box Number is Not Acceptable) 1626 South St.	
83	
84 City Key West	85 Zip Code FL 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 **Robert R. Padron, Treas./Sec** **Robert R. Padron** **4-29-97**
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	<input type="checkbox"/> DELETE
NAME	D PETERS, GILBERT A
STREET ADDRESS	1010 KENNEDY DR. 1ST FLOOR
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	<input type="checkbox"/> DELETE
NAME	D BAKER, RAYMOND H
STREET ADDRESS	1523 WASHINGTON ST.
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	<input type="checkbox"/> DELETE
NAME	D FRANK, NANCE
STREET ADDRESS	1717 GEORGE ST.
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D DVELY, MICHAEL
STREET ADDRESS	1230 SEMINARY AVE.
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	C BLOCK, EDWARD
1.3 STREET ADDRESS	1300 TROPICAL AVE.
1.4 CITY-ST-ZIP	KEY WEST, FL 33040
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D PERMAN, MARK MD
2.3 STREET ADDRESS	105 FRONT ST., #122
2.4 CITY-ST-ZIP	KEY WEST, FL 33040
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PADRON, ROBERT R
3.3 STREET ADDRESS	1626 SOUTH ST.
3.4 CITY-ST-ZIP	KEY WEST, FL 33040
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D GREEN, MARVA
4.3 STREET ADDRESS	1438 KENNEDY DR.
4.4 CITY-ST-ZIP	KEY WEST, FL 33040
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D RANGER, JUDITH
5.3 STREET ADDRESS	519 ELIZABETH ST.
5.4 CITY-ST-ZIP	KEY WEST, FL 33040
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D MERRILL, SCOTTI
6.3 STREET ADDRESS	1500 ATLANTIC BLVD., #203
6.4 CITY-ST-ZIP	KEY WEST, FL 33040

14. I do 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 R. Padron** **Robert R. Padron Treas./Sec** **4-29-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0024800**

CR2E037 (9/96)