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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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2. Principal Place of Business 21 P.O. Box 2186 Suite, Apt. #, etc. 22 Key West City & State 23 Key West, FLA Zip 24 33040	2a. Mailing Address 26 P.O. Box 2186 Suite, Apt. #, etc. 27 Key West City & State 28 Key West, FL Zip 29 33040	Country 25 MONROE Country 30 MONROE
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3. Date Incorporated or Qualified 05/01/1996
4. FEI Number 65-0648968
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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent PADRON, ROBERT R 1626 SOUTH ST. KEY WEST FL 33040

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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** *Robert R. Padron* **4-15-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		☐ DELETE
TITLE	C	
NAME	BLOCK, EDWARD	
STREET ADDRESS	1900 TROPICAL AVE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	
NAME	PERMAN, MARK MD	
STREET ADDRESS	105 FRONT ST #122	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	ST	
NAME	PADRON, ROBERT R	
STREET ADDRESS	1626 SOUTH ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	
NAME	GREEN, MARVA	
STREET ADDRESS	1438 KENNEDY DR	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	
NAME	RANGER, JUDITH	
STREET ADDRESS	519 ELIZABETH ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	
NAME	MERRILL, SCOTTI	
STREET ADDRESS	1500 ATLANTIC BLVD, #203	
CITY-ST-ZIP	KEY WEST FL 33040	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☒ Addition
1.1 TITLE	V	
1.2 NAME	Baker, Ray	
1.3 STREET ADDRESS	1523 Washington St	
1.4 CITY-ST-ZIP	Key West, FL 33040	
2.1 TITLE	D	
2.2 NAME	ENWRIGHT, Rosemary	
2.3 STREET ADDRESS	P.O. Box 55	
2.4 CITY-ST-ZIP	Key West, FL 33041	
3.1 TITLE	D	
3.2 NAME	FRANK, NANCE	
3.3 STREET ADDRESS	1717 George St.	
3.4 CITY-ST-ZIP	Key West, FL 33040	
4.1 TITLE	D	
4.2 NAME	Peters, Gib	
4.3 STREET ADDRESS	1010 Kennedy Dr.	
4.4 CITY-ST-ZIP	Key West, FL 33040	
5.1 TITLE	D	
5.2 NAME	TOPPINO, Frank	
5.3 STREET ADDRESS	P.O. Box 707 37 Evergreen Rd.	
5.4 CITY-ST-ZIP	Key West, FL 33040	
6.1 TITLE	D	
6.2 NAME	Shaw, Fred	
6.3 STREET ADDRESS	P.O. Box 2367 95156 Rose Dr.	
6.4 CITY-ST-ZIP	Key West, FL 33045 Big Pine Key FL 33049	

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.

SIGNATURE: **Robert R. Padron** *Robert R. Padron* Sec. 119.07(3)(i) **4-15-98**

CR2E037 (1097)