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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90068 024 \*\*\*\*61.25

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1. Corporation Name

COMMUNITY FOUNDATION OF THE FLORIDA KEYS, INC.

Principal Place of Business

P. O. BOX 2186  
KEY WEST FL 33040  
US

Mailing Address

P. O. BOX 2186  
KEY WEST FL 33040  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

9. Name and Address of Current Registered Agent

PADRON, ROBERT R.  
1826 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

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

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 C  
NAME BLOCK, EDWARD  
STREET ADDRESS 1300 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, SCOTT  
STREET ADDRESS 1500 ATLANTIC BLVD, #203  
CITY-ST-ZIP KEY WEST FL 33040

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME BAKER, RAY  
1.3 STREET ADDRESS 1300 WASHINGTON ST  
1.4 CITY-ST-ZIP KEY WEST, FL 33040

2.1 TITLE D  
2.2 NAME Clements, Tom  
2.3 STREET ADDRESS 1025 FLEMING ST  
2.4 CITY-ST-ZIP KEY WEST, FL 33040

3.1 TITLE D  
3.2 NAME Dively, Mike  
3.3 STREET ADDRESS 1616 ATLANTIC BLVD. #1  
3.4 CITY-ST-ZIP KEY WEST, FL 33040

4.1 TITLE D  
4.2 NAME HOFAN, Debbie  
4.3 STREET ADDRESS 1000 KENNEDY DRIVE  
4.4 CITY-ST-ZIP KEY WEST, FL 33040

5.1 TITLE D  
5.2 NAME Peters, Gib  
5.3 STREET ADDRESS 3200 FLAGLER AVE  
5.4 CITY-ST-ZIP KEY WEST, FL 33040

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-99 305-296-3792

Date

Daytime Phone #

CR2E037- (11/98)