

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000002350

FILED
Jan 22, 2002 8:00 AM
Secretary of State

Entity Name: COMMUNITY FOUNDATION OF THE FLORIDA KEYS, INC.

Current Principal Place of Business:

614 WHITEHEAD STREET
SUITE 200
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 162
KEY WEST, FL 330410162 US

New Mailing Address:

FEI Number: 65-0648968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGHSMITH, ROBERT E
3158 NORTHSIDE DRIVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: CD () Delete
Name: HIGHSMITH, ROBERT
Address: 3158 NORTHSIDE DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete
Name: KING, MONNIE
Address: 1625 VON PHISTER
City-St-Zip: KEY WEST, FL 33040

Title: VTD () Delete
Name: CLEMENTS, THOMAS
Address: 1025 FLEMING ST
City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete
Name: HERRON, RON
Address: 1118 VARELA STREET
City-St-Zip: KEY WEST, FL 33040

Title: SD () Delete
Name: CARPER, JEAN
Address: 1500 VON PHISTER
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: EMRIGHT, ROSEMARY
Address: 524 EATON ST
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: PLOWMAN, BRUCE
Address: 1209 PETRONIA ST.
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS CLEMENTS

VTD

01/22/2002

Electronic Signature of Signing Officer or Director

Date

HOLLY MERRILL - DIRECTOR
3750 SUNRISE LANE
KEY WEST, FL 33040

ROBERT SPOTTSWOOD - DIRECTOR
532 CAROLINE ST.
KEY WEST, FL 33040

SHIRLEY FREEMAN - DIRECTOR
724 EATON ST.
KEY WEST, FL 33040

WILLIAM ANDERSON - DIRECTOR
500 WHITEHEAD ST.
KEY WEST, FL 33040

STEVEN DUNN - DIRECTOR
1100 FLAGLER AVE.
KEY WEST, FL 33040