

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90025 018 ****61.25

DOCUMENT # N96000002350

1. Entity Name

**COMMUNITY FOUNDATION OF THE FLORIDA KEYS,
INC.**



Principal Place of Business

**614 WHITEHEAD STREET
SUITE 200
KEY WEST FL 33040
US**

Mailing Address

**PO BOX 162
KEY WEST FL 33041-0162
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0648968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

SHIRLEY FREEMAN

Street Address (P.O. Box Number is Not Acceptable)

724 EATON STREET

City

KEY WEST

FL

Zip Code

33040

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Shirley Freeman

2/4/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD HIGHSMITH, ROBERT 3158 NORTHSIDE DRIVE KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FREEMAN, SHIRLEY 724 EATON ST. KEY WEST FL 33040 <input type="checkbox"/> Delete <i>See #11</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD CLEMENTS, THOMAS 1025 FLEMING ST KEY WEST FL 33040 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HERRON, RON 1118 VARELA STREET KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2 STORANOT, ANN 320 PEACON LANE KEY WEST FL 33040 <input type="checkbox"/> Delete <i>See #11</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PLOWMAN, BRUCE 1209 PETRONIA ST. KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C/D Freeman, Shirley 724 Eaton St Key West, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S STORANDT, ANN 320 PEACON LANE KEY WEST, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WILLIAM ANDERSEN 1010 KENNEDY DR KEY WEST, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MATTHEW HELMERICH 1800 Atlantic Blvd #441 KEY WEST, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Shirley Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY FREEMAN, CHAIRMAN

Date

2/24/04

Daytime Phone #

305-294-2725