


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90349 009 ****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 300 Southard Street Suite, Apt. #, etc. Suite 202-203 City & State Key West, Florida Zip 33040		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country US	
		04252005 Chg-NP CR2E037 (10/03)	
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. Name and Address of Current Registered Agent FREEMAN, SHIRLEY 724 EATON ST KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, SHIRLEY	NAME	
STREET ADDRESS	724 EATON ST	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STORANDT, ANN	NAME	Sutton, Dianna
STREET ADDRESS	724 EATON ST	STREET ADDRESS	2601 S. Roosevelt Blvd. # A404
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	Key West, FL 33040
TITLE	VTD <input checked="" type="checkbox"/> Delete	TITLE	VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMENTS, THOMAS	NAME	Shelby, Kerry
STREET ADDRESS	1025 FLEMING ST	STREET ADDRESS	1611 Von Phister Street
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	Key West, FL 33040
TITLE	VD <input type="checkbox"/> Delete	TITLE	
NAME	HELMERICH, MATTHEW	NAME	
STREET ADDRESS	1800 ATLANTIC BLVD #441	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	
TITLE	2 <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STORANOT, ANN	NAME	Baker, Ray
STREET ADDRESS	724 EATON ST	STREET ADDRESS	1523 Washington Street
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	Key West, FL 33040
TITLE	VD <input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, WILLIAM	NAME	TRIVISONNO, NICK
STREET ADDRESS	1010 KENNEDY DR	STREET ADDRESS	425 Caroline Street
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	Key West, FL 33040
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Dianna Sutton, Secretary</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 04-25-05 David M. Phone #: 305-292-1502	