

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90012 021 \*\*\*\*61.25

**DOCUMENT # N96000002350**

1. Entity Name  
**COMMUNITY FOUNDATION OF THE FLORIDA KEYS,  
INC.**



Principal Place of Business  
**300 SOUTHARD ST  
SUITE 202-203  
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

01062006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

**FREEMAN, SHIRLEY  
724 EATON ST.  
KEY WEST, FL 33040**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2006**

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  
FREEMAN, SHIRLEY  
724 EATON ST  
KEY WEST, FL 33040** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SULTON, DIANNA  
2601 S ROOSEVELT BLVD #404  
KEY WEST, FL 33040** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
SHELBY, KERRY  
1611 VON PHISTER ST  
KEY WEST, FL 33040** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HELMERICH, MATTHEW  
1800 ATLANTIC BLVD #441  
KEY WEST, FL 33040** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
BAKER, ROY  
1523 WASHINGTON ST  
KEY WEST, FL 33040** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
ANDERSON, WILLIAM  
1010 KENNEDY DR  
KEY WEST, FL 33040** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
NICK TRIVISONNO  
425 CAROLINE ST  
KEY WEST, FL 33040** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
BOB TRACY  
313 MARGARET STREET  
KEY WEST, FL 33040** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
KEN DOMANSKI  
760 WASHINGTON ST  
KEY WEST, FL 33040** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
JEFF OVERBY  
530 WHITEHEAD ST #201  
KEY WEST, FL 33040** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
ANDERSON, WILLIAM  
1010 KENNEDY DRIVE  
KEY WEST, FL 33040** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *William Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/06** **305-292-1502**  
Date Daytime Phone #