2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002350

FILED Jaņ 0<u>8, 2</u>009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

300 SOUTHARD ST SUITE 202-203

KEY WEST, FL 33040 US

New Mailing Address: Current Mailing Address:

PO BOX 162 KEY WEST, FL 330410162 US

SUITE 202-203 US

KEY WEST, FL 33040

300 SOUTHARD ST

FEI Number: 65-0648968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLEN, JON 1129 FLEMING ST

KEY WEST, FL 33040 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

BELLAND, CHRIS SMITH, JIM Name: Name: 201 FRONT ST. Address: 1448 KENNEDY DRIVE Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 US

() Change () Addition

Title: VTD Title: () Delete SHARP, KAREN Name: Name: Address: P.O. BOX 420719 Address: City-St-Zip: SUMMERLAND KEY, FL 33042 City-St-Zip:

Title: VD. () Delete Title: () Change () Addition

DOMANSKI, KEN Name: Name: Address: 760 WASHINGTON ST Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

Name: COOKE, JOHN K JR. Name: 3420 NORTHSIDE DR. Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip:

Title: CD () Delete Title: VD (X) Change () Addition

MIANI, PHLLIP MAYBERRY, DOUG Name: Name: 1007 TRUMAN AVE. 1010 VARELA STREET #1 Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

Title: Title: (X) Change () Addition () Delete SMITH, JIM MORGAN, DOUG Name: Name:

Address: 1448 KENNEDY DR. Address: 3706-H NORTH ROOSEVELT BLVD. KEY WEST, FL 33040 KEY WEST, FL 33040 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DIANNA L. SUTTON CEO 01/08/2009