

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002350

FILED  
Apr 30, 2010  
Secretary of State

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

**Current Principal Place of Business:**

300 SOUTHARD ST  
SUITE 201  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 SOUTHARD ST  
SUITE 201  
KEY WEST, FL 33040 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:**

ALLEN, JON  
1129 FLEMING ST  
KEY WEST, FL 33040 US

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

ALLEN, JON  
300 SOUTHARD ST  
SUITE 201  
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:

04/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: SMITH, JIM  
Address: 1448 KENNEDY DRIVE  
City-St-Zip: KEY WEST, FL 33040 US

Title: CD  
Name: ALLEN, JON  
Address: 1129 FLEMING STREET  
City-St-Zip: KEY WEST, FL 22030

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

Title: VD  
Name: PORTER, WILLIAM  
Address: P.O. BOX 5857  
City-St-Zip: KEY WEST, FL 33045

Title: VD  
Name: MAYBERRY, DOUG  
Address: 1010 VARELA STREET #1  
City-St-Zip: KEY WEST, FL 33040

Title: VD  
Name: CLEMENTS, THOMAS  
Address: 1025 FLEMING ST.  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: JON ALLEN

CHMN

04/30/2010

Electronic Signature of Signing Officer or Director

Date