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FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004885 (7)

1. Corporation Name

ARC OF THE KEYS, INC.



Principal Place of Business

Mailing Address

90290 OVERSEAS HWY. SUITE 103
TAVERNIER FL 3307090290 OVERSEAS HWY. SUITE 103
TAVERNIER FL 33070-22633. Date Incorporated or Qualified
09/19/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 92330 OVERSEAS HWY.

26 92330 OVERSEAS HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 9

27 # 9

City & State

City & State

23 TAVERNIER, FL

28 TAVERNIER, FL

Zip Country

Zip Country

24 33070

25

29 33070

30

4. FEI Number

65-0700904

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOLEY, JUDITH A
90290 OVERSEAS HWY, SUITE 103
TAVERNIER FL 33070

81 Name COOLEY, JUDITH A.

82 Street Address (P.O. Box Number is Not Acceptable)
92330 OVERSEAS HWY. # 9

83

84 City TAVERNIER FL 85 Zip Code 33070

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

JUDITH A. COOLEY

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE PRESIDENT D ☐ Change ☒ Addition
1.2 NAME ANNE COHAN
1.3 STREET ADDRESS 109 SEASHORE DR
1.4 CITY-ST-ZIP ISLAMIRADA, FL 33036TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP2.1 TITLE VICE-PRESIDENT D ☐ Change ☒ Addition
2.2 NAME PATRICIA DODSON
2.3 STREET ADDRESS P.O. BOX 120 N/A
2.4 CITY-ST-ZIP ISLAMORADA, FL 33036TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP3.1 TITLE VICE PRESIDENT D ☐ Change ☒ Addition
3.2 NAME DAVID DEBERNARDIS
3.3 STREET ADDRESS 12 SPIKE RD.
3.4 CITY-ST-ZIP KEY LARGO, FL 33037TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE TREASURER D ☐ Change ☒ Addition
4.2 NAME JUDITH COOLEY
4.3 STREET ADDRESS 92330 OVERSEAS HWY #9
4.4 CITY-ST-ZIP TAVERNIER, FL 33070TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE SECRETARY D ☐ Change ☒ Addition
5.2 NAME ROBERT CUNNINGHAM
5.3 STREET ADDRESS 128 PACIFIC AVE.
5.4 CITY-ST-ZIP TAVERNIER, FL 33070TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0025998

JUDITH COOLEY, TREASURER 2/1/97 852-3426 (305)

CR2E037 (9/96)