

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90194 036 ****61.25

DOCUMENT # N96000004885

1. Corporation Name

ARC OF THE KEYS, INC.

Principal Place of Business

92330 OVERSEAS HWY
9
TAVERNIER FL 33070
US

Mailing Address

92330 OVERSEAS HWY
9
TAVERNIER FL 33070
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/19/1996

4. FEI Number

65-0700904

Applied For
No Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

COOLEY, JUDITH A
92330 OVERSEAS HWY
9
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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.

(NO E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME COHAN, ANNE
STREET ADDRESS 109 SEASHORE DRIVE
CITY-ST-ZIP ISLAMORADA FL 33036 ☐ DELETE

TITLE VPD
NAME DODSON, PATRICIA
STREET ADDRESS PO BOX 120
CITY-ST-ZIP ISLAMORADA FL 33036 ☒ DELETE

TITLE TD
NAME COOLEY, JUDITH
STREET ADDRESS 92330 OVERSEAS HWY
CITY-ST-ZIP TAVERNIER FL 33070 ☐ DELETE

TITLE PD
NAME CUNNINGHAM, ROBERT
STREET ADDRESS 128 PACIFIC AVE
CITY-ST-ZIP TAVERNIER FL 33070 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT/DIRECTOR ☐ Change ☒ Addition
2.2 NAME BARROW, JEFF
2.3 STREET ADDRESS 117 GARDEN ST.
2.4 CITY-ST-ZIP TAVERNIER, FL 33070

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE SECRETARY/DIRECTOR ☐ Change ☒ Addition
4.2 NAME PARKER, SUSAN
4.3 STREET ADDRESS P.O. BOX 624
4.4 CITY-ST-ZIP TAVERNIER, FL 33070

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUDITH COOLEY 4/26/99 305 854-3426
TREASURER Date Daytime Phone #

CR2E037 (11/98)

0027048