

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90286 024 ****61.25

DOCUMENT # N97000000091

1. Entity Name

FLORIDA KEYS ART GUILD, INC.



Principal Place of Business

275 51ST STREET, OCEAN
MARATHON FL 33050

Mailing Address

POST OFFICE BOX 501382
MARATHON FL 33050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0721573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

GREENMAN, FRANKLIN D
5800 OVERSEAS HIGHWAY STE 40
MARATHON FL 33050

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	D	<input type="checkbox"/> Delete
NAME	HEWLETT, MIKE	
STREET ADDRESS	P.O. BOX 162	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HEWLETT, GAYLE	
STREET ADDRESS	P.O. BOX 162	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MERLE, WAGNER	
STREET ADDRESS	112 MOCKING BIRD LANE	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DERAN, DIANE	
STREET ADDRESS	101 11 TH ST #33	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GINESI, JOYCE	
STREET ADDRESS	485 111TH ST.	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FERAIS, WALTER	
STREET ADDRESS	68 TWIGLER LANE	
CITY-ST-ZIP	MARATHON FL 33050	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DORAN, DIANE <u>TREASURER</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 501102	
STREET ADDRESS	MARATHON, FL 33050	
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM TYMA	
STREET ADDRESS	P.O. BOX 500957	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Diane Doran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- TREASURER FRAG -
DIANE DORAN

Date

5-28-04

Daytime Phone #

305-743 6148