

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90024 010 ****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**

40036318



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0721573

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 re-instating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	DS	<input checked="" type="checkbox"/> Delete
NAME	CRAWLEY, MARY	
STREET ADDRESS	P.O. BOX 501382	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LOFTUS, LYNN	
STREET ADDRESS	P.O. BOX 501382	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TYMA, TOM	
STREET ADDRESS	PO BOX 500957	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRANER, PAMELA J	
STREET ADDRESS	5 KYLE WAY E	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE TYMA	
STREET ADDRESS	PO BOX 500957	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENN LAHTI	
STREET ADDRESS	139 GULFWIND DR	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAYLE HEWLETT	
STREET ADDRESS	217 95th ST OCEAN	
CITY-ST-ZIP	MARATHON, FL 33050	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Gayle Hewlett **GAYLE HEWLETT** 3-9-07 305/743-9404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone