

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90059 015 \*\*\*\*61.25

**DOCUMENT # N97000006955**

1. Entity Name  
**FRIENDS AND VOLUNTEERS OF REFUGES - FLORIDA  
KEYS, INC.**



Principal Place of Business  
**BIG PINE SHOPPING CENTER  
BIG PINE KEY, FL 33043**

Mailing Address  
**PO BOX 431840  
BIG PINE KEY, FL 33043-1840**

40065200



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0822599**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, SANFORD  
551 ELMA AVE.  
BIG PINE KEY, FL 33043**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	LAKE, NICKY	25 OCEAN DR KEY LARGO, FL 33037	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	TD	SCULLEY, ELLEN	22961 HAWKINS LANE CUDINE KEY, FL 33042	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	BROWN, SANFORD	551 ELMA AVE. BIG PINE KEY, FL 33043	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	SD	BROWN, MARGARET C	551 ELMA AVE BIG PINE KEY, FL 33043	<input checked="" type="checkbox"/> Delete		Secretary	Elizabeth Harlacher	1921 Bahia Shores Road No Name Key, FL 33043	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	CD	HIGGINS, ALLISON	P.O. BOX 431740 BIG PINE KEY, FL 33043	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DVC	DYKHUISEN, JERRY	1232 FERN AVE BIG PINE KEY, FL 33043	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

*Allen Sculley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07  
Date

305-923-1783  
Daytime Phone #