## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 8:00 am Secretary of State

ARNUAL REPURI				Secretary of State	
DOCUMENT # N9700006955  1. Entity Name				05-02-2008 90117 028 ****61.25	
FRIENDS AND VOLUNTEERS OF REFUGES - FLORIDA KEYS, INC.					
BIG PINE SHOPPING CENTER PO		Mailing Address PO BOX 431840 BIG PINE KEY, FL 3304	3-1840		
Principal Place of Business - No P.O. Box # 3.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03252008 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 See Requirements	
	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 35043			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code	
	named early sibmits this statement for	or the purpose of changing its r	egistered office or regis	stered agent, or both, in the State of Florida. I am familiar wi	th, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
Filling Fee 1s \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.				The same of the sa	
				\$5.00 May Be Added to Fees Florida Department of	
10.	Due by May 1, 2008 OFFICERS AND DI	Trust Fund Co		Added to Fees - Florida Department of	State
TITLE	OFFICERS AND DI	Trust Fund Co	11.	Added to Fees Florida Department of	State,
TITLE NAME	OFFICERS AND DIE LAAK, NICKY	Trust Fund Co	ontribution.   11.  TITLE  NAME	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	State,
TITLE	OFFICERS AND DI	Trust Fund Co	11.	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	State,
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Due by May 1, 2008  OFFICERS AND DII  D LAAK, NICKY 25 OCEAN DR KEY LARGO, FL 33037  TD	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 10 e Addition
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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 il changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

4/17/0 8 Date

Daytime Phone #