

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006955

FILED
Apr 07, 2009
Secretary of State

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

Current Principal Place of Business:

BIG PINE SHOPPING CENTER
BIG PINE KEY, FL 33043

New Principal Place of Business:

Current Mailing Address:

PO BOX 431840
BIG PINE KEY, FL 330431840

New Mailing Address:

FEI Number: 65-0822599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAAK, NICKY
Address: 25 OCEAN DR
City-St-Zip: KEY LARGO, FL 33037

Title: TD () Delete
Name: SCULLEY, ELLEN
Address: 22961 HAWKINS LANE
City-St-Zip: CUDJOE, FL 33042

Title: D () Delete
Name: BROWN, SANFORD
Address: 551 ELMA AVE.
City-St-Zip: BIG PINE KEY, FL 33043

Title: SD () Delete
Name: HARLACHER, ELIZABETH
Address: 1921 BAKIA SHORES ROAD
City-St-Zip: BIG PINE KEY, FL 33043

Title: CD () Delete
Name: HIGGINS, ALLISON
Address: P.O. BOX 431740
City-St-Zip: BIG PINE KEY, FL 33043

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HARLACHER, ELIZABETH
Address: 1921 BAHIA SHORES ROAD
City-St-Zip: BIG PINE KEY, FL 33043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: EDWARDS, CARLENE
Address: 29558 GERALDINE STREET
City-St-Zip: BIG PINE KEY, FL 33043

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN SCULLEY

TD

04/07/2009

Electronic Signature of Signing Officer or Director

Date