

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90458 015 ****61.25

DOCUMENT # N99000000736 1. Entity Name CANCER FOUNDATION OF THE FLORIDA KEYS, INC.			
Principal Place of Business 29044 BEGONIA DRIVE BIG PINE KEY, FL 33043-6077 US		Mailing Address P.O. BOX 4447 KEY WEST, FL 33041-4447 US	
2. Principal Place of Business 17013 Coral Drive Suite, Apt. #, etc.		3. Mailing Address P.O. Box 5816 Suite, Apt. #, etc.	
City & State Sugarloaf Key, FL Zip 33042-3641		City & State Key West, FL Zip 33045-5816	
Country USA		Country MONROE	
4. FEI Number 65-0870292		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OROPEZA, SCOTT G 815 PEACOCK PLAZA KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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 A NAME TURNER, GARMEN STREET ADDRESS 800 EMMA ST CITY-ST-ZIP KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete	TITLE D NAME BANKS, DAVID STREET ADDRESS 21071 Sixth Ave. CITY-ST-ZIP Cudjoe Key, FL 33042	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CD NAME CUNNINGHAM, MICHAEL STREET ADDRESS 9713 OVERSEAS HIGHWAY CITY-ST-ZIP MARATHON, FL 33050	<input type="checkbox"/> Delete	TITLE D NAME SKELLY, Yolanda (Lanny) STREET ADDRESS 17013 Coral Dr. CITY-ST-ZIP Sugarloaf Key, FL 33042	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME DAY, PATRICIA STREET ADDRESS 29044 BEGONIA DR CITY-ST-ZIP BIG PINE KEY, FL 33043	<input checked="" type="checkbox"/> Delete	TITLE D NAME GOODRICH, DORIS STREET ADDRESS 3716 Northside Dr. CITY-ST-ZIP Key West, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FERNANDEZ, DORIA STREET ADDRESS 3716 NORTHSIDE DRIVE CITY-ST-ZIP KEY WEST, FL 33040	<input type="checkbox"/> Delete	TITLE CD NAME HILLER, MERCY STREET ADDRESS 5 SAPPHIRE DR CITY-ST-ZIP KEY WEST, FL 33040	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME PARKS, JOHN W STREET ADDRESS 211 SIMONTON STREET CITY-ST-ZIP KEY WEST, FL 33040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Yolanda (Lanny) Skelly Yolanda (Lanny) Skelly 4/29/05 305-745-1394 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			