


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90067 020 ****61.25

DOCUMENT # N99000000736	
1. Entity Name CANCER FOUNDATION OF THE FLORIDA KEYS, INC.	

Principal Place of Business 17013 CORAL DRIVE SUMMERLAND KEY, FL 33042-3641 US	Mailing Address PO BOX 5816 KEY WEST, FL 33045-5816 US
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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



03212007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0870292	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OROPEZA, SCOTT G 815 PEACOCK PLAZA KEY WEST, FL 33040		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	D BANKS, DAVID 21091 SIXTH AVE SUMMERLAND KEY, FL 33042 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ametin, Yvonnie 3229 Flagler Ave, Unit 203 Key West, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRALZ, MARY H Z 327 PEACOCK LN KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRUZ, Mary H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKELLY, YOLANDA LANNY 17013 CORAL DR SUMMERLAND KEY, FL 33042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCALZO, RO 819 PEACOCK PLAZA SUITE 815 EATON PARK, FL 33840 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Key West, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HILLER, MERCY 5 SAPPHIRE DR KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FAD PARKS, JOHN W 211 SIMONTON STREET 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 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: Yolanda Lanny Skelly **3/21/07** **305-745-1394**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

40048554

#N99000000736

Cancer Foundation of the Florida Keys, Inc.

P.O. Box 5816 ☎ Key West, FL 33045-5816 ☎ 305-294-7300 ☎ www.keyscancerfoundation.org

02/26/07

To Whom It May Concern:


This payment was made by the **Cancer Foundation of the Florida Keys** not associated, or affiliated with any other philanthropic organization.

The Cancer Foundation of the Florida Keys is an all-volunteer, non-profit organization dedicated to assisting needy cancer patients while they are in treatment for their disease. We provide financial assistance, emotional support, education, information and referral services. To support these patients we rely solely on the generosity of public donations, and fundraising events to raise money.

Please help us spread the news about our Foundation. When more people know about our services the more people we are able to help. If you would like to make a donation please mail it to The Cancer Foundation of the Florida Keys, P.O. Box 5816, Key West, Florida 33045-5816.

The Foundation has no salaried personnel, and we have no physical office. What we raise stays in the Keys to assist our needy cancer victims to pay their daily living expenses.

Sincerely,


Yvonne G. Ametin - Volunteer
yvonne@crushingspeed.com