2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N99000000736

Entity Name: CANCER FOUNDATION OF THE FLORIDA KEYS, INC.

Current Principal Place of Business:

17013 CORAL DRIVE
SUMMERLAND KEY, FL 330423641 US

New Principal Place of Business:

3229 FLAGLER AVENUE, #203
KEY WEST, FL 33040 US

Current Mailing Address:

PO BOX 5816
KEY WEST, FL 330455816 US

New Mailing Address:

FEI Number: 65-0870292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OROPEZA, SCOTT G
815 PEACOCK PLAZA
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

AMETIN, YVONNIE G
3229 FLAGLER AVENUE, 203
KEY WEST, FL 33040 US

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: YVONNIE G. AMETIN 03/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: AMETIN, YVONNIE
Address: 3229 FLAGLER AVE, UNIT 203
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete
Name: CRUZ, MARY H
Address: 327 PEACON LN
City-St-Zip: KEY WEST, FL 33040 US

Title: CD ( ) Delete
Name: SKELLY, YOLANDA LANNY
Address: 17013 CORAL DR
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: CD ( ) Delete
Name: SCALZO, RO
Address: 819 PEACOCK PLAZA SUITE 815
City-St-Zip: KEY WEST, FL 33040

Title: CD ( ) Delete
Name: HILLER, MERCY
Address: 5 SAPPHIRE DR
City-St-Zip: KEY WEST, FL 33040

Title: FAD ( ) Delete
Name: PARKS, JOHN W
Address: 211 SIMONTON STREET
City-St-Zip: KEY WEST, FL 33040 US

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

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

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

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: YVONNIE G. AMETIN TD 03/09/2009
Electronic Signature of Signing Officer or Director Date