

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000736

FILED  
Mar 30, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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:**

AMETIN, YVONNIE G  
3229 FLAGLER AVENUE, 203  
KEY WEST, FL 33040 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: TD  
Name: AMETIN, YVONNIE  
Address: 3229 FLAGLER AVE, UNIT 203  
City-St-Zip: KEY WEST, FL 33040

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: YVONNIE G. AMETIN

TREA

03/30/2010

Electronic Signature of Signing Officer or Director

Date