

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005124

Entity Name: FLORIDA KEYS ASSISTED CARE COALITION, INC.

Current Principal Place of Business:

80 KEY HAVEN ROAD
KEY WEST, FL 33040

Current Mailing Address:

80 KEY HAVEN ROAD
KEY WEST, FL 33040 US

FEI Number: 20-1162023

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARMANDO, HENRIQUEZ DIR
3615 SUNRISE DRIVE
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name HENRIQUEZ, ARMANDO J COCHAIR
Address 3615 SUNRISE DRIVE
City-State-Zip: KEY WEST FL 33040

Title D
Name HIGGS, JOAN COCHAIR
Address 1341 19TH STREET
City-State-Zip: KEY WEST FL 33040

Title D
Name KERN, LIZ SEC
Address 1319 WILLIAM STREET
City-State-Zip: KEY WEST FL 33040

Title D
Name LOCKWOOD, ROBIN TREAS
Address 18 ALLAMANDA TERRACE
City-State-Zip: KEY WEST FL 33040

Title D
Name SHALLOW, MOLLY
Address 115 FRONT STREET, #103
City-State-Zip: KEY WEST FL 33040

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: ARMANDO J HENRIQUEZ

CO-CHAIR

04/11/2016

Electronic Signature of Signing Officer/Director Detail

Date