

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006470

Entity Name: FLORIDA KEYS HUMANE SOCIETY, INC.

FILED
Mar 16, 2023
Secretary of State
8285838918CC

Current Principal Place of Business:

C/O TAMMY FOX-ROYER
5711 COLLEGE ROAD
KEY WEST, FL 33040

Current Mailing Address:

C/O TAMMY FOX-ROYER
5711 COLLEGE ROAD
KEY WEST, FL 33040 US

FEI Number: 46-3041583

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOX-ROYER, TAMMY
5711 COLLEGE ROAD
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: TAMMY FOX-ROYER

03/16/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, D
Name JOHNSON, JEFFREY
Address 1125 VON PHISTER STREET
City-State-Zip: KEY WEST FL 33040

Title TREASURER
Name TURNER, SUE
Address 6800 MALONEY AVE.
#47
City-State-Zip: KEY WEST FL 33040

Title SECRETARY
Name JAMISON, AMY
Address 2604 PATTERSON AVENUE
City-State-Zip: KEY WEST FL 33040

Title VP
Name WALKER, LINDA
Address TWO TURTLES LANE
City-State-Zip: KEY WEST FL 33040

Title MEMBER
Name SNOW, LURANA HON
Address 30836 DELGADO LN
City-State-Zip: BIG PINE KEY FL 33043

Title MEMBER
Name BENKOCZY, JIM
Address KEY WEST
City-State-Zip: KEY WEST FL 33040

Title MEMBER
Name EADIE, GAYLE
Address 55 SPOONBILL WAY
City-State-Zip: KEY WEST FL 33040

Title MEMBER
Name EATON, DOUG DR.
Address KEY WEST
City-State-Zip: K WY WEST FL 33040

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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: AMY JAMISON

SECRETARY

03/16/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MEMBER
Name FISHER, SHANNON
Address 2645 GULFVIEW DR.
City-State-Zip: KW FL 33040

Title MEMEBER
Name SCHRECK, CAROL
Address KEY WEST
City-State-Zip: KEY WEST FL 33040