

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006470

**Entity Name:** FLORIDA KEYS HUMANE SOCIETY, INC.

**FILED**  
**Apr 19, 2016**  
**Secretary of State**  
**CC1866454905**

**Current Principal Place of Business:**

C/O SUE TURNER  
5230 COLLEGE ROAD  
KEY WEST, FL 33040

**Current Mailing Address:**

C/O SUE TURNER  
5230 COLLEGE ROAD  
KEY WEST, FL 33040

**FEI Number: 46-3041583**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WALKER, LINDA  
TWO TURTLES LANE  
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 P,D  
Name DAWKINS, JANE  
Address 1408 PETRONIA STREET  
City-State-Zip: KEY WEST FL 33040

Title VP, D  
Name CHRISTIAN, CONNIE  
Address 1531 LAIRD STREET  
City-State-Zip: KEY WEST FL 33040

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

Title T,D  
Name TURNER, SUE  
Address 6800 MALONEY AVE, #47  
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: SUE TURNER** \_\_\_\_\_

**TREASURER**

**04/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date