

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43460

Entity Name: VOICES FOR FLORIDA KEYS CHILDREN, INCORPORATED**Current Principal Place of Business:**C/O TOM WOODS P.A.
116 PORTO SALVO DR.
ISLAMORADA, FL 33036**Current Mailing Address:**P O BOX 2018
ISLAMORADA, FL 33036**FEI Number:** 65-0305892**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOODS, TOM
C/O TOM WOODS PA
116 PORTO SALVO DRIVE
ISLAMORADA, FL 33036 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:** TOM WOODS

03/09/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VD
Name WHITLEY, SUE
Address 230 TOLL GATE BLVD.
City-State-Zip: ISLAMORADA FL 33036

Title TREASURER, SECRETARY
Name SINGER, MARY L
Address 101 GULFVIEW DRIVE
UNIT 201
City-State-Zip: ISLAMORADA FL 33036

Title VD
Name WRIGHT, SHERRY
Address P.O.BOX 1359
City-State-Zip: ISLAMORADA FL 33036

Title VPD
Name BRIDGES, JACK
Address 13 PARK DRIVE
City-State-Zip: KEY LARGO FL 33037

Title VP, D
Name LASSITER, KATHY
Address 417 LAGUNA AVE
City-State-Zip: KEY LARGO FL 33037

Title VP, D
Name RUSSELL, PAULINE
Address 240 TREASURE HARBOR DRIVE
City-State-Zip: ISLAMORADA FL 33036

Title P, D, T
Name PIEROG, DEBBIE
Address 181 VENETIAN DRIVE
City-State-Zip: ISLAMORADA FL 33036

Title PD
Name WOODS, TOM
Address 116 PORTO SALVO DR.
City-State-Zip: ISLAMORADA FL 33036

Continues on page 2

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: TOM WOODS

CO_PRESIDENT

03/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name WILSON, KELLY
Address C/O TOM WOODS P.A.
116 PORTO SALVO DR.
City-State-Zip: ISLAMORADA FL 33036

Title VP
Name MAYE, PAM
Address P O BOX 2018
City-State-Zip: ISLAMORADA FL 33036

Title VP
Name OECHSLE, JANET
Address P O BOX 2018
City-State-Zip: ISLAMORADA FL 33036