

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744178

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: KEY WEST BUSINESS GUILD, INC.

**Current Principal Place of Business:**

513 TRUMAN AVENUE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1208  
KEY WEST, FL 33041

**New Mailing Address:**

FEI Number: 59-1931515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, WAYNE LARUE  
333 FLEMING ST  
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: PD ( ) Delete  
Name: HAYES, PAUL  
Address: 1107 TRUMAN AVE  
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete  
Name: WHITNEY, IAN  
Address: 1209 VIRGINIA ST. #3  
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete  
Name: CHAMBERLAIN, NEIL  
Address: 735 WINDSOR LANE  
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete  
Name: KENT, SUSAN  
Address: 821 WINDSOR LANE  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HAYES, PAUL  
Address: 1075 DUVAL STREET  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: WADE, BARBARA  
Address: 4 ARONOWITZ LN  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL HAYES

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date