

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755880

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: KEY WEST PLAYERS, INC.

**Current Principal Place of Business:**

TIFFS LN & WALL ST  
WATERFRONT PLAYHOUSE  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 724  
KEY WEST, FL 33041

**New Mailing Address:**

FEI Number: 59-1966652      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SMITH, MARY H  
1219 GRINNELL ST  
KEY WEST, FL 33041 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: FRECHETTE, BOB  
Address: 330 CAROLINE ST  
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete  
Name: WHITT, BERT  
Address: 1207 WHITEHEAD ST  
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete  
Name: SMITH, MARY H  
Address: 1219 GRINNELL ST  
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete  
Name: TITTEL, CHRIS  
Address: 333 DUCK AVE  
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete  
Name: LINDER, RITA  
Address: 1216 PETRONIA ST  
City-St-Zip: KEY WEST, FL 33040

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

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

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

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

Title: SD (X) Change ( ) Addition  
Name: WILSON, THERESA R  
Address: 64 FRONT ST  
City-St-Zip: KEY WEST, FL 33040

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

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: MARY H. SMITH

DT

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date