


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90053 003 ****61.25

DOCUMENT # N00000005436					
1. Entity Name ROTARY CLUB OF KEY WEST, FLORIDA, INC.					
Principal Place of Business 804 WHITE ST. KEY WEST, FL 33040		Mailing Address PO BOX 469 KEY WEST, FL 33041			
2. Principal Place of Business 815 Peacock Plaza		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Key West FL		City & State		4. FEI Number 59-6152300	
Zip 33040		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, J.P. 804 WHITE ST KEY WEST, FL 33040 <i>Delete</i>			Name John Parks JR CPA Street Address (P.O. Box Number is Not Acceptable) 815 Peacock Plaza City Key West FL Zip Code 33040		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>John D. Parks Jr</i>			DATE 1/17/04		
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	FD <input checked="" type="checkbox"/> Delete	TITLE	PRES <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TALURMAZI, KAREN	NAME	TOM NITTI		
STREET ADDRESS	3990 N. ROOSEVELT	STREET ADDRESS	1621 BAHAMA Drive		
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	KEY WEST FL 33040		
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MIZTI, THOMAS	NAME	George GALVIN		
STREET ADDRESS	1522 RAMANDA DR.	STREET ADDRESS	7506 FLEMING ST		
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	KEY WEST FL 33040		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SEC <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GALVAN, GEORGE	NAME	Diane GIBSON		
STREET ADDRESS	506 FLAMIDG	STREET ADDRESS	73406 N. ROOSEVELT BLVD		
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	KEY WEST FL 33040		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	GIBSON, DAINA	NAME			
STREET ADDRESS	6406 N. ROOSEVELT	STREET ADDRESS			
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	ALOURY, JOSEPH	NAME			
STREET ADDRESS	309 WHISHARD	STREET ADDRESS			
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	THOMPSON, LARRY	NAME			
STREET ADDRESS	5 ALAMANDA TERRACE	STREET ADDRESS			
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>			Date: 1/22/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		