


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90035 012 ****61.25

DOCUMENT # N00000005436
 1. Entity Name
 ROTARY CLUB OF KEY WEST, FLORIDA, INC.



Principal Place of Business
 815 PEACOCK PLAZA
 KEY WEST, FL 33040

Mailing Address
 PO BOX 469
 KEY WEST, FL 33041


40001739

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01112005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-6152300

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKS, JR, JOHN CPA
 815 PEACOCK PLAZA
 KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NITTI, TOM	
STREET ADDRESS	1621 BAHAMA DRIVE	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GALVIN, GEORGE	
STREET ADDRESS	1-506 FLAMMING ST	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	S	<input type="checkbox"/> Delete
NAME	GIBSON, DIANE	
STREET ADDRESS	3406 N ROSEVELT BLVD	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBURY, JOE	
STREET ADDRESS	309 WHITEHEAD ST.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESQUINALDO, TIM	
STREET ADDRESS	SAMARYLIS DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Timothy Esquinaldo* Date: 1/11/05 Daytime Phone #: 305-296-2417