2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0000005436 1. Entity Name ROTARY CLUB OF KEY WEST, FLORIDA, INC.					01-18-2005 90035 012 **			5 012 ****	61.25	
815 PEACOCK PLAZA PO		Mailing Address PO BOX 469 KEY WEST, FL 33041	O BOX 469			Ų	10001	739		
2. Principal Place of Business 3		3. Mailing Address						OLII BAIH BEHI BAIB		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01112005	Chg-NP	CR2E	037 (10/03)	
City & State		City & State				4. FEI Number 59-615				oplied For
Zip	Zip Country		ip Coun		5. Certificate of Sta			ired	 	
	6. Name and Address of Current	Registered Agent	<u> </u>					lew Registere	·	
				Name						
PARKS, JR, JOHN CPA 815 PEACOCK PLAZA KEY WEST, FL 33040				Street Address (P.O. Box Number is Not Acceptable)						
KET WES	1, FL 33040		Ì							
			}	City			···	F	L Zip Cod	e
	named entity submits this statement for	or the purpose of changing it	s registere	d office or	registere	ed agent, or bo	th, in the State	of Florida. I ar	n familiar with,	and accept
uno oongan										
SIGNATURE .	•	-				• •				
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	i Agent signat.	re required	when reinstating)		- DATE		
	1	and title if applicable. (NO 9. Election Ca	·				te l		ck payable t	o
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	<u> </u>	mpaign Fi	inancing		\$5.00 May B Added to Fees	ie .	Make che		
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF	9. Election Ca Trust Fund	mpaign Fi Contribution	inancing on.		\$5.00 May B Added to Fees		Make che	ck payable to artment of S	tate
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12. I hereby centify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Forida 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 anofficer 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:

ENATURE AND TYPED OR PRINTED NAME OF GLOWING OFFICER OR DIRECTOR

11/01 305-296-2417