



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90208 046 ****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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05012006 Chg-NP CR2E037 (4/06) 4. FEI Number 59-6152300 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		
PARKS, JR, JOHN CPA 815 PEACOCK PLAZA KEY WEST, FL 33040			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NITTI, TOM		NAME		
STREET ADDRESS	1621 BAHAMA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALVIN, GEORGE		NAME		
STREET ADDRESS	1-506 FLAMMING ST		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change
NAME	GIBSON, DIANE		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	3406 N ROSEVELT BLVD		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change
NAME	ALBURY, JOE		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	309 WHITEHEAD ST		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change
NAME	ESQUINALDO, TIM		NAME	JAMES H. Hill JR	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	5 AMARYLIS DR		STREET ADDRESS	815 Peacock PLAZA	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	KEY WEST FLORIDA 33040	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change
NAME			NAME	JANICE LONG	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	22 Driftwood DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	KEY WEST FL 33040	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____			Date: 5/1/06 Daytime Phone #: 305 294 1040		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					