

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90115 011 ****61.25

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



60003066



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 - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State

City & State

Zip Country Zip Country

01152007 Chg-NP CR2E037 (12/06)

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: JAMES H. HILL JR.
 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: [Signature] JAMES H. HILL JR. TREASURER DATE: 1/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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	GIBSON, DIANE	
STREET ADDRESS	3406 N ROSEVELT BLVD	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALBURY, JOE	
STREET ADDRESS	309 WHITEHEAD ST	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	T	<input type="checkbox"/> Delete
NAME	HILL, JAMES H JR	
STREET ADDRESS	815 PEACOCK PLAZA	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ALBURY, JOE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS	309 Whitehead St		
CITY-ST-ZIP	Key West FL 33040		
TITLE	VP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANICE LONG		
STREET ADDRESS	P.O. Box 469		
CITY-ST-ZIP	Key West FL 33041		
TITLE	Secretary		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RON LEONARD		
STREET ADDRESS	P.O. Box 469		
CITY-ST-ZIP	Key West FL 33040		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 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: [Signature] JAMES H. HILL JR. TREASURER DATE: 1/15/07 305 294 1040
Signature and typed or printed name of signing officer or director. Date Daytime Phone #