

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 15, 2009
Secretary of State**

DOCUMENT# N00000005436

Entity Name: ROTARY CLUB OF KEY WEST, FLORIDA, INC.**Current Principal Place of Business:**815 PEACOCK PLAZA
KEY WEST, FL 33040**New Principal Place of Business:****Current Mailing Address:**PO BOX 469
KEY WEST, FL 33041**New Mailing Address:**

FEI Number: 59-6152300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:HILL, JAMES H JR
815 PEACOCK PLAZA
KEY WEST, FL 33040 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEONARD, RON
Address: P.O. BOX 469
City-St-Zip: KEY WEST, FL 33040

Title: VP () Delete
Name: GROOMS, BASCOM
Address: P.O. BOX 469
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: PETRO, MIKE
Address: P.O. BOX 469
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: MOLINET, RUDY
Address: P O BOX 469
City-St-Zip: KEY WEST, FL 33041

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: LEONARD, RON
Address: P.O. BOX 469
City-St-Zip: KEY WEST, FL 33040

Title: P (X) Change () Addition
Name: GROOMS, BASCOM
Address: P.O. BOX 469
City-St-Zip: KEY WEST, FL 33040

Title: S (X) Change () Addition
Name: PETRO, MIKE
Address: P.O. BOX 469
City-St-Zip: KEY WEST, FL 33040

Title: PE (X) Change () Addition
Name: MOLINET, RUDY
Address: P O BOX 469
City-St-Zip: KEY WEST, FL 33041

Title: T () Change (X) Addition
Name: BARROSO, BRIAN
Address: P O BOX 469
City-St-Zip: KEY WEST, FL 33041

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUDY MOLINET, PRESIDENT ELECT

PE

08/15/2009

Electronic Signature of Signing Officer or Director

Date