# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 26, 2007 8:00 am**
**Secretary of State**
04-26-2007 90187 023 ****61.25

DOCUMENT # N01000006730

1. Entity Name

KEY WEST WRITERS GUILD, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1411 12TH STREET<br>KEY WEST FL 33404 | PO BOX 4983<br>KEY WEST FL 33041 |

1st MOORE CR2E037 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0985509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GALLAGHER, ANN<br>1411 TWELFTH STREET<br>KEY WEST FL 33~~054~~ 040 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

**FILE NOW: 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP Pres<br>GALLAGHER, ANN<br>1411 TWELFH ST<br>KEY WEST FL 33040 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Molly G. Shallow<br>115 Front St #103<br>Key West FL 33040 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV VP<br>SHALLOW, MOLLY G<br>115 FRONT ST APT 103<br>KEY WEST FL 33040 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | George Thoman<br>31316 Ave J<br>Big Pine Key FL 33043 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT Treasurer<br>THOMSEN, JIM<br>2683 N. ROOSEVELT BLVD. UNIT 1<br>KEY WEST FL 33040 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Marguerite Gardner<br>1801 N Roosevelt<br>Key West FL 33040 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS Secretary<br>WOOD, LOUISE<br>17035 WAHOO LANE<br>SUMMERLAND KEY FL 33042 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Michael McNally<br>174 Main St, Key West FL 33040<br>Sigsbee Naval Station | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Molly G. Shallow, Pres 18 April 2007 305-296-9051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #