# 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Mar 30, 2009**
**Secretary of State**

DOCUMENT# N01000006730

**Entity Name:** KEY WEST WRITERS GUILD, INC.

**Current Principal Place of Business:**

115 FRONT ST
103
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4983
KEY WEST, FL 33041

**New Mailing Address:**

**FEI Number: 65-0985509** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALLAGHER, ANN
1411 TWELFTH STREET
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

NEWHAGEN, JANE L
228 TRUMAN AVE
KEY WEST, FL 33040 US

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: JANE L. NEWHAGEN 03/30/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: SHALLOW, MOLLY G PRES.
Address: 115 FRONT ST #103
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete
Name: THOMAN, GEORGE
Address: 31316 AVE J
City-St-Zip: BIG PINE KEY, FL 33043

Title: T ( ) Delete
Name: GARDNER, MARGUERITE
Address: 1801 N. ROOSEVELT
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change ( ) Addition
Name: NEWHAGEN, JANE L
Address: 228 TRUMAN AVE
City-St-Zip: KEY WEST, FL 33040

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: JANE L. NEWHAGEN S/T 03/30/2009
Electronic Signature of Signing Officer or Director Date