FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:22

DOCUMENT # N03583 (4)

1. Corporation Name
KEY WEST CULTURAL PRESERVATION SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4837 KEY WEST FL 33041-4837	P.O. BOX 4837 KEY WEST FL 33041-4837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1984
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2631154 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NORTHROP KIM
315 ELIZABETH #A
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	HOFFMAN, A.C.	1.2 NAME	JOHN MILLER
STREET ADDRESS	914 GRINNELL ST.	1.3 STREET ADDRESS	819 PEACOCK PLAZA #695
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	KEYWEST FL 33040
TITLE	DVP	2.1 TITLE	DVP ☑ Change ☐ Addition
NAME	RUVO, LOU	2.2 NAME	WILL SOTO
STREET ADDRESS	805 TRUMAN	2.3 STREET ADDRESS	2752 FLAGLER AVE
CITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	KW. FL 33040
TITLE	DT	3.1 TITLE	DT ☑ Change ☐ Addition
NAME	WARE, LEIGHTON E.	3.2 NAME	TRUDY URSENBACH
STREET ADDRESS	631 GREENE ST.	3.3 STREET ADDRESS	504 BAHAMA ST
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	KW. FL 33040
TITLE	DS	4.1 TITLE	DS ☑ Change ☐ Addition
NAME	LATRONICO, BRIAN	4.2 NAME	JOANNE ALBERT
STREET ADDRESS	P.O. BOX 322 N/A	4.3 STREET ADDRESS	1121 SIMONTON ST
CITY-ST-ZIP	KEY WEST FL 33040	4.4 CITY-ST-ZIP	KW. FL 33040
TITLE	D	5.1 TITLE	D ☑ Change ☐ Addition
NAME	URSENBACH, TRUDY	5.2 NAME	RICK STRATTON
STREET ADDRESS	504 BAHAMA STREET	5.3 STREET ADDRESS	115 AVE D./BIG COPPITT
CITY-ST-ZIP	KEY WEST FL 33040	5.4 CITY-ST-ZIP	KW. FL 33040
TITLE	D	6.1 TITLE	D ☑ Change ☐ Addition
NAME	MILLER, JOHN	6.2 NAME	JAVIER ARELLANO
STREET ADDRESS	819 PEACOCK PLAZA #695	6.3 STREET ADDRESS	717 GEORGE ST
CITY-ST-ZIP	KEY WEST FL	6.4 CITY-ST-ZIP	KW. FL 33040

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: K.L. Northrop 5/1/95 305-292-7700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #