2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03583

FILED Apr 16, 2004 Secretary of State

Entity Name: KEY WEST CULTURAL PRESERVATION SOCIETY, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	LORY SQUARE DOCK WEST, FL 33041					
Current Mailing Address:			New Mailir	New Mailing Address:		
P.O. BOX 4 KEY WEST		4837				
FEI Number: 5	59-2631154	FEI Number Applied For() F	El Number Not Appli	licable () Certificate of Status Desired (X)		
Name and A	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
DAVE DEL 1001 18TH : KEY WEST	ST	US				
	above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, e State of Florida. NATURE: Electronic Signature of Registered Agent Date					
SIGNATURE:						
	Electr	onic Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	T RODRIQUEZ O.O. BOX 44 KEY WEST,	40	Title: Name: Address: City-St-Zip:	T (X) Change () Addition RODRIQUEZ, ANTONIO P.O. BOX 4440 KEY WEST, FL 33041		
Address:	NELSON, JA	SEVELT #113C	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VC SUMMERS, A 15 DELMAR KEY WEST,	BLVD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SULLIVAN, DON 623 ELIZABETH ST. KEY WEST, FL 33040		
Title: Name: Address: City-St-Zip:	S LIGUORI, SA 711 CAROLII KEY WEST,	NE ST.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	C VALDEZ, ISA P.O. BOX 58 KEY WEST,	02	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D VAN HULST, 3312 NORTH KEY WEST,	SIDE DR.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition TAYLOR, CLARA 728 FLEMING ST. KEY WEST, FL 33040		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTONIO RODRIGUEZ T 04/16/2004