

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03583

FILED
Apr 25, 2005
Secretary of State

Entity Name: KEY WEST CULTURAL PRESERVATION SOCIETY, INC.

Current Principal Place of Business:

P.O. BOX 4837
MALLORY SQUARE DOCK
KEY WEST, FL 33041

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4837
KEY WEST, FL 330414837

New Mailing Address:

FEI Number: 59-2631154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVE DEL ROSSO
1001 18TH ST
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: T () Delete
Name: RODRIQUEZ, ANTONIO
Address: P.O. BOX 4440
City-St-Zip: KEY WEST, FL 33041

Title: D () Delete
Name: NELSON, JAN
Address: 2601 S.ROOSEVELT #113C
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SULLIVAN, DON
Address: 623 ELIZABETH ST.
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: LIGUORI, SABRINA
Address: 711 CAROLINE ST.
City-St-Zip: KEY WEST, FL 33040

Title: C () Delete
Name: VALDEZ, ISAAC
Address: P.O. BOX 5802
City-St-Zip: KEY WEST, FL 33041

Title: D () Delete
Name: TAYLOR, CLARA
Address: 728 FLEMING ST.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RODRIQUEZ, ANTONIO
Address: P.O. BOX 4440
City-St-Zip: KEY WEST, FL 33041

Title: VC (X) Change () Addition
Name: VAN HULST, DAVID
Address: 1902B PATTERSON AVE.
City-St-Zip: KEY WEST, FL 33040

Title: C (X) Change () Addition
Name: SULLIVAN, DON
Address: 623 ELIZABETH ST.
City-St-Zip: KEY WEST, FL 33040

Title: S (X) Change () Addition
Name: LIGUORI, SABRINA
Address: 5 EMERALD DR.
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change () Addition
Name: BUXTON, SUSANNE
Address: 2421 FOGARTY AVE.
City-St-Zip: KEY WEST, FL 33041

Title: T (X) Change () Addition
Name: SUMMERS, ANN
Address: 15 DEL MAR BLVD.
City-St-Zip: 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: ANN SUMMERS

T

04/25/2005

Electronic Signature of Signing Officer or Director

Date