

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26829

FILED  
May 02, 2009  
Secretary of State

**Entity Name:** KEY WEST PRESCHOOL CO-OPERATIVE, INC.

**Current Principal Place of Business:**

2610 FLAGLER AVE  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

2610 FLAGLER AVE  
KEY WEST, FL 33040 US

**New Mailing Address:**

**FEI Number:** 65-0056669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HEYMANN, ALISON  
2828 SEIDENBERG AVE  
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: P ( ) Delete  
Name: BAEDER, TAMI  
Address: 3655 SEASIDE DR #224  
City-St-Zip: KEY WEST, FL 33040

Title: V ( ) Delete  
Name: LEE, HILLARY  
Address: 3734 PAULA AVE  
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete  
Name: STEWART, JODIE  
Address: 91 SIRIUS LANE  
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Delete  
Name: YOUNG, KATHLEEN  
Address: 3624 DUCK AVE  
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete  
Name: KILROY, KATHY  
Address: 1925 FOGARTY AVE  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: HEYMANN, ALISON  
Address: 2828 SEIDENBERG AVE.  
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: T (X) Change ( ) Addition  
Name: FAGO, KATE  
Address: 632 WILLIAM STREET  
City-St-Zip: KEY WEST, FL 33040

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

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

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

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: KATE FAGO

T

05/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date