

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27721

FILED
Apr 30, 2010
Secretary of State

Entity Name: KEY WEST BOTANICAL GARDEN SOCIETY, INC.

Current Principal Place of Business:

5210 COLLEGE ROAD
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

5210 COLLEGE ROAD
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0084855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHARKEY, CAROLANN
5210 COLLEGE ROAD
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
Name: GRANT, VICKI
Address: 1616 ATLANTIC BLVD. #18
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: CUMMINGS, PATRICIA
Address: 1403 PINE STREET
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: HARTY, RICK
Address: 603 INDIES DRIVE
City-St-Zip: RAMROD KEY, FL 33042

Title: D
Name: PORTER, MARYCARLIN
Address: 2601 SOUTH ROOSEVELT BLVD.
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: GERMAN, TODD
Address: 2315 NORTH ROOSEVELT BLVD
City-St-Zip: KEY WEST, FL 33040

Title: S
Name: TOPPINO, SHARON
Address: 165 KEY HAVEN ROAD
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: CAROLANN SHARKEY

ED

04/30/2010

Electronic Signature of Signing Officer or Director

Date