

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004824

FILED
Feb 15, 2007
Secretary of State

Entity Name: KEY WEST SYMPHONY ORCHESTRA, INC.

Current Principal Place of Business:

% P.O. BOX 774
KEY WEST, FL 330410774

New Principal Place of Business:

1025 WHITE STREET (REAR)
KEY WEST, FL 33040

Current Mailing Address:

% P.O. BOX 774
KEY WEST, FL 330410774

New Mailing Address:

P.O. BOX 774
KEY WEST, FL 33041

FEI Number: 65-0846695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRNBAUM, NEIL A
156 GOLF CLUB DR
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

SMITH, MARY H
1219 GRINNELL ST
KEY WEST, FL 33040 US

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: MARY H SMITH

02/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVENPORT, DIANE
Address: 20 SUNSET KEY DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: V () Delete
Name: PIKU, FRANK
Address: 511 FRANCO STREET
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: AGEE, SHARON
Address: 6 FLORAL AVE
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: RUSS, STEVEN
Address: 1211 GRINNELL ST
City-St-Zip: KEY WEST, FL 33040

Title: V (X) Change () Addition
Name: WEBSTER, SUSAN
Address: 1523 FLAGLER
City-St-Zip: KEY WEST, FL 33040

Title: S () Change (X) Addition
Name: MCCHESENEY, LAURIE
Address: 26 EVERGREEN AVE
City-St-Zip: KEY WEST, FL 33040

Title: T () Change (X) Addition
Name: SMITH, MARY H
Address: 1219 GRINNELL ST
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 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: MARY H SMITH

T

02/15/2007

Electronic Signature of Signing Officer or Director

Date