


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90042 013 \*\*\*\*61.25

<b>DOCUMENT # N9700004824</b>					
1. Entity Name KEY WEST SYMPHONY ORCHESTRA, INC.					
Principal Place of Business 3316 FLAGLER AVE KEY WEST, FL 33040			Mailing Address P.O. BOX 774 KEY WEST, FL 33041		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0846695	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALFONSO, SEBRINA M 3316 FLAGLER AVE KEY WEST, FL 33040			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	ERIK DEBOER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBOER, ERIC		NAME		
STREET ADDRESS	1411 PINE STREET		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	B	<input checked="" type="checkbox"/> Delete	TITLE	Tom Wilson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA, TENNYSON		NAME		
STREET ADDRESS	1709 ROSE		STREET ADDRESS	719-R WINDSOR LANE	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	KEY WEST FL 33046	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYNN, WEBER		NAME		
STREET ADDRESS	1218 DUVAL ST		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	B	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE, SCHMIDT		NAME		
STREET ADDRESS	17094 CORAL DR		STREET ADDRESS		
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042		CITY-ST-ZIP		
TITLE	B	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYNTHIA, LAWSON S		NAME		
STREET ADDRESS	17375 JAMAICA LN		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	B	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK, NILES III		NAME		
STREET ADDRESS	16 EVERGREEN AVE		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Erik DeBoer</u>			4/11/08 305-294-2607		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		