## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004824

FILED Apr 16, 2009 Secretary of State

Entity Name: KEY WEST SYMPHONY ORCHESTRA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3316 FLAGLER AVE KEY WEST, FL 33040 **Current Mailing Address: 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 (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALFONSO, SEBRINA M 3316 FLAGLER AVE 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition DEBOER, ERIC DEBOER, ERIK Name: Name: 1411 PINE STREET Address: 1411 PINE STREET Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 Title: Title: ( ) Delete () Change () Addition WILSON, TOM Name: Name: Address: 719 R WINDSOR LANE Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: () Delete Title: () Change () Addition MARILYNN, WEBER Name: Name: Address: 1218 DUVAL ST Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: DIANE, SCHMIDT Name: 17094 CORAL DR Address: Address: City-St-Zip: SUMMERLAND KEY, FL 33042 City-St-Zip: Title: () Delete Title: () Change () Addition CYNTHIA, LAWSON S Name: Name: 17375 JAMAICA LN Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: () Delete Title: () Change () Addition ALFONSO, SEBRINA Name: Name: Address: 3316 FLAGLER AVE Address: KEY WEST, FL 33040 City-St-Zip: 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: ERIK DEBOER TREA 04/16/2009