2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755880

Entity Name: KEY WEST PLAYERS, INC.

Current Principal Place of Business:

407 WALL ST WATERFRONT PLAYHOUSE KEY WEST, FL 33040

Current Mailing Address:

P.O. BOX 724

KEY WEST, FL 33041

FEI Number: 59-1966652 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THAYER, THOMAS E 1025 THOMPSON LN 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: THOMAS E. THAYER 01/29/2021

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

Name ELWELL, CHRISTOPHER Name KAUFMAN, STUART

Address P.O. BOX 724 Address P.O. BOX 724

City-State-Zip: KEY WEST FL 33041 City-State-Zip: KEY WEST FL 33041

Title DIRECTOR Title DIRECTOR

Name FRECHETTE, ROBERT Name FRECHETTE, LYNDA

Address P.O. BOX 724 Address P.O. BOX 724

City-State-Zip: KEY WEST FL 33041 City-State-Zip: KEY WEST FL 33041

Title DIRECTOR Title DIRECTOR

Name PRICE, MARY-LYNNE Name REGARDIE, WILLIAM

Address P.O. BOX 724 Address PO BOX 724

City-State-Zip: KEY WEST FL 33041 City-State-Zip: KEY WEST FL 33041

Title DIRECTOR Title VP

Name BONDURANT, AMY AMBASSADOR Name MALONEY, TIMOTHY

(RET) Address PO BOX 724

Address PO BOX 724 City-State-Zip: KEY WEST FL 33041

City-State-Zip: KEY WEST FL 33041

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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: CHRISTOPHER ELWELL PRESIDENT 01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 29, 2021

Secretary of State

0450916084CC

Date

Officer/Director Detail Continued:

Title TREASURER

Name MENDITCH, FRANK

Address PO BOX 724

City-State-Zip: KEY WEST FL 33041

Title DIRECTOR

Name WALKER, HELEN

Address PO BOX 724

City-State-Zip: KEY WEST FL 33041

Title DIRECTOR

Name MIANO, KATE

Address PO BOX 724

City-State-Zip: KEY WEST FL 33041

Title DIRECTOR

Name SHARPE, MARIA RENNA

Address PO BOX 724

City-State-Zip: KEY WEST FL 33041

Title DIRECTOR

Name SMITH, WAYNE LARUE

Address PO BOX 724

City-State-Zip: KEY WEST FL 33041