

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 755880

Entity Name: KEY WEST PLAYERS, INC.

Current Principal Place of Business:

TIFFS LN & 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:

SMITH, MARY H
1219 GRINNELL ST
KEY WEST, FL 33041 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

Officer/Director Detail :

Title DIRECTOR
Name ELWELL, CHRISTOPHER
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041

Title TREASURER, DIRECTOR
Name SMITH, MARY H
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041

Title SECRETARY, DIRECTOR
Name RYAN, KRISTEN
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041

Title VP, DIRECTOR
Name MELLONCAMP, KEVIN
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041

Title VP, DIRECTOR
Name MOULTON, NANCY
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041

Title VP, DIRECTOR
Name KAUFMAN, STUART
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR
Name FRECHETTE, ROBERT
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR
Name FRECHETTE, LYNDA
Address P.O. BOX 724
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: MARY H SMITH

TREASURER

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GREENBERG, LINDA
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR
Name MCCHESENEY, ANGELA
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR
Name PABIAN, KRIS
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR
Name STABILE, DONNA
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041

Title PRESIDENT
Name JOHNSON, JEFFREY
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR
Name MAY, DIANE
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR
Name PRICE, MARY-LYNNE
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR
Name FOX, LARA
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR
Name SEARGENT, TERRI
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR
Name DEMPSTER, KEITH
Address P.O. BOX 724
City-State-Zip: KEY WEST FL 33041