

**2013 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	Title	VP, DIRECTOR
Name	ELWELL, CHRISTOPHER	Name	PAUL, JACK M
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	TREASURER, DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	SMITH, MARY H	Name	JOHNSON, JEFFREY
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	VP, DIRECTOR	Title	SECRETARY
Name	MELLONCAMP, KEVIN	Name	LONG, TERESA
Address	P.O. BOX 724	Address	P.O. BOX 724
City-State-Zip:	KEY WEST FL 33041	City-State-Zip:	KEY WEST FL 33041

*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**

**05/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date