

2019 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

02/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title 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

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

Title DIRECTOR
Name REGARDIE, WILLIAM
Address PO BOX 724
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR
Name BONDURANT, AMY AMBASSADOR
 (RET)
Address PO BOX 724
City-State-Zip: KEY WEST FL 33041

Title VP
Name MALONEY, TIMOTHY
Address PO 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: CHRISTOPHER ELWELL

PRESIDENT

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name MENDITCH, FRANK
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

Title DIRECTOR
Name SALINI, JIM
Address PO BOX 724
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR
Name STEININGER, ELLEN
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