

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 755880

Entity Name: KEY WEST PLAYERS, INC.

FILED
Feb 01, 2017
Secretary of State
CC6240718338

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	TREASURER, DIRECTOR
Name	ELWELL, CHRISTOPHER	Name	SMITH, MARY H
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	SECRETARY, DIRECTOR	Title	VP, DIRECTOR
Name	RYAN, KRISTEN	Name	MELLONCAMP, KEVIN
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	VP, DIRECTOR
Name	MOULTON, NANCY	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

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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

02/01/2017

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 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