

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756883

Entity Name: KEY WEST WOMAN'S CLUB, INC.**Current Principal Place of Business:**319 DUVAL ST
KEY WEST, FL 33040**Current Mailing Address:**P.O. BOX 2924
KEY WEST, FL 33045**FEI Number:** 59-2126139**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERRIS, LOUISE
9 MC COY CIRCLE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	SPENCER, ROBERTA
Address	28 AMARYLLIS DR
City-State-Zip:	KEY WEST FL 33040

Title	1VP
Name	KAWALER, EILEEN
Address	1901 S ROOSEVELT BLVD
City-State-Zip:	KEY WEST FL 33040

Title	T
Name	FERRIS, LOUISE
Address	9 MCCOY CIR
City-State-Zip:	KEY WEST FL 33040

Title	D
Name	RODRIGUEZ, JOY
Address	1113 STUMP LANE
City-State-Zip:	KEY WEST FL 33040

Title	2VP
Name	MADDOX, NATALIE
Address	278 SCORPIO LANE
City-State-Zip:	KEY WEST FL 33040

Title	S
Name	EATON, RITA
Address	1435 S. ROOSEVELT BLVD
City-State-Zip:	KEY WEST FL 33040

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: ROBERTA SPENCER**PRESIDENT****03/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date