

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03583

Entity Name: KEY WEST CULTURAL PRESERVATION SOCIETY, INC.**Current Principal Place of Business:**402 WALL ST
MALLORY SQUARE
KEY WEST, FL 33040**Current Mailing Address:**P.O. BOX 4837
KEY WEST, FL 33041 US**FEI Number:** 59-2631154**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STIMERS, RYAN B MR
5 LOPEZ LANE
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:** RYAN STIMERS**02/13/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	STIMERS, RYAN B
Address	5 LOPEZ LN
City-State-Zip:	KEY WEST FL 33040

Title	SECRETARY
Name	FORD, LISA
Address	311 TRUMAN AVE
City-State-Zip:	KEY WEST FL 33040

Title	CHAIRMAN
Name	PHILLIPS, JOEY
Address	1016 WATSON ST APT 2
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	ALIAGA, SEAN
Address	2418 PATTERSON AVE
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	ABDAL-KHALLAQ, MUSTAFA
Address	600 WHITEHEAD ST
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	WIKANE, ERIK
Address	5222 COLLEDGE RD
City-State-Zip:	KEY WEST FL 33040

Title	VICE CHAIR
Name	ANDERSON, JASE
Address	116 STAR LANE
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: RYAN STIMERS**TREASURER****02/13/2025**

Electronic Signature of Signing Officer/Director Detail

Date