

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27721

**FILED**  
**Feb 09, 2024**  
**Secretary of State**  
**7057605761CC**

**Entity Name:** KEY WEST BOTANICAL GARDEN SOCIETY, INC.

**Current Principal Place of Business:**

5210 COLLEGE ROAD  
KEY WEST, FL 33040

**Current Mailing Address:**

5210 COLLEGE ROAD  
KEY WEST, FL 33040 US

**FEI Number:** 65-0084855

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCRAE, MISHA D  
5210 COLLEGE ROAD  
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 VP, DIRECTOR  
Name TAYLOR, JOY  
Address 5607 COLLEGE ROAD #202  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name DEHART, CAROLE  
Address 27324 BARBUDA LANE  
City-State-Zip: RAMROD KEY FL 33042

Title DIRECTOR, SECRETARY  
Name THOMPSON, AUDREY  
Address 5604 COLLEGE RD  
202  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name RASCH, BERNHARD  
Address P.O BOX 6052  
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR, PRESIDENT  
Name CUNNINGHAM, ED  
Address 1310 OLIVIA STREET  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name BEALE, SUSAN  
Address 1011 CATHERINE ST  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name ROUGE, JOHN  
Address 1805 STAPLES AVE #205  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name REZBA, RICHARD  
Address 3353 FLAGLER AVE  
City-State-Zip: KEY WEST FL 33040

**Continues on page 2**

*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:** TAYLOR JOY

VP, DIRECTOR

02/09/2024

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR, TREASURER  
Name            CHANDLER, MARY  
Address         2530 COOLIDGE ST  
City-State-Zip: MADISON WI 53104

Title           DIRECTOR  
Name            MYER, ROBYN  
Address         601 HOWARD ENGLAND WAY  
City-State-Zip: KEY WEST FL 33040