

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 708495

1. Entity Name
KEY WEST ART AND HISTORICAL SOCIETY



Principal Place of Business
**281 FRONT STREET
KEY WEST, FL 33040**

Mailing Address
**281 FRONT STREET
KEY WEST, FL 33040**



01032007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-0660461

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARLSON, JODY
415 WILLIAM ST
KEY WEST, FL 33040**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1.11.07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LOWE, DON
683 SAWYER DRIVE
CUDJOE KEY, FL 33042**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BROWN, GORDON
29 SEA LORE LANE
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CARLSON, JODY
415 WILLIAM ST
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
PENNINGTON, CLAUDIA L
1626 SOUTH STREET
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RHOADES, SHIRREL
914 GRINNELL STREET
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WHITT, BERT
1207 WHITEHEAD STREET
KEY WEST, FL 33040**

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01/17/07-80095-005 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SRhoades

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 11, '07

Date

Daytime Phone #