
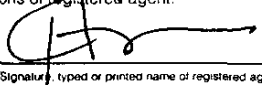


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90015 003 ****70.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-0660461	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARLSON, JODY 415 WILLIAM ST 281 FRONT STREET KEY WEST, FL 33040				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
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  1/24/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWE, DON		NAME		
STREET ADDRESS	683 SAWYER DRIVE		STREET ADDRESS	281 FRONT STREET	
CITY-ST-ZIP	CUDJOE KEY, FL 33042		CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, GORDON		NAME		
STREET ADDRESS	29 SEA LORE LANE		STREET ADDRESS	281 FRONT STREET	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLSON, JODY		NAME		
STREET ADDRESS	415 WILLIAM ST		STREET ADDRESS	281 FRONT STREET	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENNINGTON, CLAUDIA L		NAME		
STREET ADDRESS	1626 SOUTH STREET		STREET ADDRESS	281 FRONT STREET	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RHOADES, SHIRREL		NAME		
STREET ADDRESS	914 GRINNELL STREET		STREET ADDRESS	281 FRONT STREET	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHITT, BERT		NAME		
STREET ADDRESS	1207 WHITEHEAD STREET		STREET ADDRESS	DIRECTOR	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	JERRY CASH	
				281 FRONT STREET	
				KEY WEST, FL 33040	
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: <u>Shirrel Rhoades</u> <u>SHIRREL RHOADES</u> 1/24/08 305-295-6616 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					