


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90022 029 ****70.00


DOCUMENT # 710550			
1. Entity Name KEY BISCAVNE MUSIC AND DRAMA CLUB, INC.			
Principal Place of Business % P.O. BOX 178 KEY BISCAVNE FL 33149		Mailing Address % P.O. BOX 178 KEY BISCAVNE FL 33149	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0317575		Applied For <input type="checkbox"/> Not Applicable	
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	
KERR, BEVERLY 1705 NE 157 TERR MIAMI FL 33162		Name Federico Nicholas Padovan	
		Street Address (P.O. Box Number is Not Acceptable) 425 Grapetree Dr. #204	
		City Key Biscayne	FL

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:  **President** DATE: **3/19/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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 VP	WILLIAMS, RICHARD 575 CRANDON BLVD KEY BISCAVNE FL 33149 <input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD	BLASI, ELLEN 240 CRANDON BLVD #212 KEY BISCAVNE FL 33149 <input type="checkbox"/> Delete	TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CSD	PADOVAN, FEDERICO 425 GRAPETREE DR #204 KEY BISCAVNE FL 33149 <input checked="" type="checkbox"/> Delete	TITLE President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D	THEODORA, ILENE 151 CRANDON BLVD #1002 KEY BISCAVNE FL 33149 <input type="checkbox"/> Delete	TITLE VP Theodore, Ilene <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	KERR, BEVERLY 1705 NE 157 TERR MIAMI FL 33162 <input checked="" type="checkbox"/> Delete	TITLE Paola Hubbard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE RSD	EVANS, PILAR 104 CRANDON BLVD SUITE 301 KEY BISCAVNE FL 33149 <input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **3/19/04** DAYTIME PHONE #: **305-365-0004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR