

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736242

FILED
Mar 04, 2009
Secretary of State

Entity Name: KEY WEST CHARTER BOATMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 2309
KEY WEST, FL 33045 US

New Principal Place of Business:

1801 NORTH ROOSEVELT BLVD
KEY WEST, FL 33040 US

Current Mailing Address:

P.O. BOX 2309
KEY WEST, FL 33045

New Mailing Address:

P.O. BOX 2309
KEY WEST, FL 33045 US

FEI Number: 44-6125626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKERS, BILL JR.
161 KEY HAVEN RD
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WICKERS, WILLIAM
Address: 161 KEY HAVEN ROAD
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: HAVENLAND, RICK
Address: 1209 DUNCAN
City-St-Zip: KEY WEST, FL 33040

Title: P () Delete
Name: HOUDE, RICHARD
Address: 729 CATHERINE ST
City-St-Zip: KEY WEST, FL 33040

Title: VP () Delete
Name: BARR, BRICE
Address: 3367 FLAGLER AVE.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: GIOVANNI, CRAIG
Address: 2 JAY LANE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: GOMEZ, RICHARD
Address: 29 EVERGREEN AVE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: WICKERS, BILL
Address: 161 KEY HAVEN ROAD
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BILL WICKERS

T

03/04/2009

Electronic Signature of Signing Officer or Director

Date