

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744936

FILED
Mar 11, 2009
Secretary of State

Entity Name: THE KEY PLAYERS, INC.

Current Principal Place of Business:

178 PLANTATION AVE
TAVERNIER, FL 33070 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1338
TAVERNIER, FL 33070 US

New Mailing Address:

FEI Number: 59-1843231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKLAS, JOE
88765 O/S HWY
TAVERNIER, FL 33070 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: P () Delete
Name: MESSINA, PATRICE
Address: 178 PLANTATION AVE
City-St-Zip: TAVERNIER, FL 33070

Title: T () Delete
Name: BUTLER, THOMS
Address: 369 BAHIA AVENUE
City-St-Zip: KEY LARGO, FL 33037

Title: S () Delete
Name: WELLS, NANCY
Address: 41 HIGH POINT RD
City-St-Zip: PLANTATION KEY, FL 33070

Title: D () Delete
Name: MUSSER, XOCHI
Address: 12 GULF DR
City-St-Zip: KEY LARGO, FL 33070

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MESSINA, PATRICE
Address: 178 PLANTATION AVE
City-St-Zip: TAVERNIER, FL 33070

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

Title: D (X) Change () Addition
Name: WELLS, NANCY
Address: 41 HIGH POINT RD
City-St-Zip: PLANTATION KEY, FL 33070

Title: VP (X) Change () Addition
Name: LUER, GERI
Address: 40 ANDROS RD
City-St-Zip: KEY LARGO, FL 33070

Title: S () Change (X) Addition
Name: MILLER, KAATHY
Address: 221 SECOND STREET
City-St-Zip: KEY LARGO, FL 33037

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: THOMAS BUTLER

T

03/11/2009

Electronic Signature of Signing Officer or Director

Date