2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745191

FILED Apr 25, 2005 Secretary of State

Entity Name: GREATER KEY WEST CHAMBER OF COMMERCE, INC.

New Principal Place of Business: Current Principal Place of Business: 402 WALL STREET KEY WEST, FL 33040 **Current Mailing Address: New Mailing Address:** 402 WALL STREET KEY WEST, FL 33040 FEI Number: 59-0317595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HORAN, DAVID PAUL 608 WHITEHEAD STREET M, FL 33040 KEY WEST, FL US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PANICO, VIRGINIA A. Name: Name: 402 WALL STREET Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: 2VCD () Delete Title: SEC (X) Change () Addition GIBSON, BARRY Name: GIBSON, BARRY Name: Address: 355 DUVAL STREET Address: 355 DUVAL STREET City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 Title: VC. () Delete Title: () Change () Addition CULVER, AVERSA A Name: Name: 700 DUVAL STREET Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: () Delete Title: (X) Change () Addition KENDRICK, MELISSA Name: Name: BARROSO, BRIAN 1014 WHITE STREET Address: 200 GREENE STREET Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 Title: SD () Delete Title: 2VCD (X) Change () Addition JANSEN, SKIP JANSEN, SKIP Name: Name: P.O. BOX 6100 P.O. BOX 6100 Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 Title: () Delete Title: (X) Change () Addition BROWNING, MICHAEL BRADFORD, CHARLES Name: Name: Address: 402 APPELROUTH LANE STE 10 Address: P.O. BOX 1898 KEY WEST, FL 33040 KEY WEST, FL 33040 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VIRGINIA PANICO P 04/25/2005