

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745191

FILED
Jan 14, 2008
Secretary of State

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

Current Principal Place of Business:

402 WALL STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

402 WALL STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-0317595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORAN, DAVID PAUL
608 WHITEHEAD STREET
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: EXVP () Delete
Name: PANICO, VIRGINIA A EX VP
Address: 402 WALL STREET
City-St-Zip: KEY WEST, FL 33040

Title: PRES () Delete
Name: SULLIVAN, GREG
Address: 125 TOPPINO INDUSTRIAL DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: 1 VC () Delete
Name: GROOMS, BASCOM
Address: 1102 WHITE STREET
City-St-Zip: KEY WEST, FL 33040

Title: 2 VC () Delete
Name: GIBSON, DIANE
Address: 3406 N. ROOSEVELT BLVD
City-St-Zip: KEY WEST, FL 33040

Title: SECR () Delete
Name: BARROSO, BRIAN
Address: 444 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040

Title: TREA () Delete
Name: MOORE, RANDY
Address: 3130 NORTHSIDE DRIVE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change () Addition
Name: GROOMS, BASCOM
Address: 1102 WHITE STREET
City-St-Zip: KEY WEST, FL 33040

Title: 1 VC (X) Change () Addition
Name: KNOWLES, MICHAEL
Address: 3990 SOUTH ROOSEVELT
City-St-Zip: KEY WEST, FL 33040

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

Title: SECR (X) Change () Addition
Name: CATHERINE, SMILEY
Address: 1 DUVAL STREET
City-St-Zip: KEY WEST, FL 33040

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: VIRGINIA A. PANICO

EXVP

01/14/2008

Electronic Signature of Signing Officer or Director

Date