2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2011
Secretary of State

DOCUMENT# 755880

Entity Name: KEY WEST PLAYERS, INC.

Current Principal Place of Business:

TIFFS LN & WALL ST
WATERFRONT PLAYHOUSE
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 724
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 59-1966652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, MARY H
1219 GRINNELL ST
KEY WEST, FL 33041 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: PD
Name: ELWELL, CHRISTOPHER
Address: PO BOX 724
City-St-Zip: KEY WEST, FL 33041

Title: VD
Name: WILSON, TERESA R
Address: PO BOX 724
City-St-Zip: KEY WEST, FL 33041

Title: TD
Name: SMITH, MARY H
Address: PO BOX 724
City-St-Zip: KEY WEST, FL 33041

Title: SD
Name: PAUL, JACK M
Address: PO BOX 724
City-St-Zip: KEY WEST, FL 33041

Title: VD
Name: MCMANNIS, LEE
Address: PO BOX 724
City-St-Zip: KEY WEST, FL 33041

Title: VD
Name: LAVENDER, THOMAS
Address: PO BOX 724
City-St-Zip: KEY WEST, FL 33041

I hereby 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 all other like empowered.

SIGNATURE: MARY H SMITH TD 03/14/2011
Electronic Signature of Signing Officer or Director Date