

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756883

FILED
Jan 15, 2009
Secretary of State

Entity Name: KEY WEST WOMAN'S CLUB, INC.

Current Principal Place of Business:

319 DUVAL ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

319 DUVAL ST
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-2126139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAWALER, EILEEN
1901 S ROOSEVELT BLVD 308E
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: P () Delete
Name: KAWALER, EILEEN
Address: 1901 S ROOSEVELT BLVD 308E
City-St-Zip: KEY WEST, FL 33040

Title: 1VP () Delete
Name: SPENCER, ROBERTA
Address: 28 AMARYLLIS DR
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: FERRIS, LOUISE
Address: 9 MCCOY CIR
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SANTIAGO, RAMONA
Address: 1327 DUVAL ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: RODRIGUEZ, JOY
Address: 1113 STUMP LANE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: IGNOFFO, ELIZABETH
Address: 3314 NORTHSIDE DR 27
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
Name:
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: LOUISE FERRIS

T

01/15/2009

Electronic Signature of Signing Officer or Director

Date