2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761388

FILED Jan 14, 2006 Secretary of State

Entity Name: ZONTA CLUB OF KEY WEST, INC.

Current Principal Place of Business: New Principal Place of Business:

1702 N. ROOSEVELT BLVD 925 TOPPINO DR KEY WEST, FL 33040 KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

PO BOX 0184

KEY WEST, FL 33041 US

FEI Number: 59-2176317 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:

FERRIS, LOUISE PO BOX 0184

KEY WEST, FL 33041 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PED () Delete (X) Change () Addition

FITZGERALD, RANNY BARACK, JERILYN Name: Name: 1311 PINE STREET Address: 3075 FLAGLER AVE #13 Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

Title: Title: (X) Change () Addition () Delete

WILLIAMS, GRETCHEN Name: LOUISE FERRIS, Name: Address: 82 KEY HAVEN ROAD Address: 925 TOPPINO DRIVE City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

Title: PD(X) Delete Title: () Change () Addition

FERRIS, LOUISE Name: Name: 1702 N. ROOSEVELT BLVD Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip:

Title: SD (X) Delete Title: () Change () Addition

Name: WERLING, DENISE Name: Address: PO BOX 1042 Address: City-St-Zip: SUMMERLAND KEY, FL 33042 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

BARACK, JERILYN Name: Name: 3075 FLAGLER AVENUE #13 Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

HUTTON, SUZANNE Name: Name: Address: 551 PINE LANE Address: 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 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 Т 01/14/2006