

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768462

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** KEY WEST FISHING TOURNAMENT, INC.

**Current Principal Place of Business:**

7 EVERGREEN AVE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2154  
KEY WEST, FL 33045

**New Mailing Address:**

**FEI Number:** 59-2374867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRIS, DORIS  
7 EVERGREEN AVE  
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: SD ( ) Delete  
Name: WISE, JUDD  
Address: P.O. BOX 2154  
City-St-Zip: KEY WEST, FL 33045

Title: T ( ) Delete  
Name: HARRIS, DORIS  
Address: 7 EVERGREEN AVE  
City-St-Zip: KEY WEST, FL 33040

Title: VC ( ) Delete  
Name: HOUDE, RICH  
Address: 703 CATHERINE ST  
City-St-Zip: KEY WEST, FL 33040

Title: C ( ) Delete  
Name: HARRIS, ROB  
Address: 1970 N ROOSEVELT BLVD  
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:

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: DORIS HARIS

T

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date