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Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769413 (6)

1. Corporation Name

KEY WEST CHAPTER OF THE SOCIETY FOR THE PRESERVA
TION AND ENCOURAGEMENT OF BARBERSHOP QUARTET SIN

Principal Place of Business

Mailing Address

ESERVATION & ENCOURGEMENT OF BARBERSHOP
% 1509 PATRICIA STREET
KEY WEST FL 33040

ESERVATION & ENCOURGEMENT OF BARBERSHOP
% 1509 PATRICIA STREET
KEY WEST FL 33040

3. Date Incorporated or Qualified
07/15/1983

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
59-2352331

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

READ, E. NELSON
1509 PATRICIA STREET
KEY WEST FL 33040

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME ROWE, ROBERT
STREET ADDRESS 15 LUNA LANE
CITY-ST-ZIP KEY WEST FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE DS
NAME READ, E. NELSON
STREET ADDRESS 1509 PATRICIA STREET
CITY-ST-ZIP KEY WEST, FL 33040

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE DT
NAME LOOPER, JAMES D
STREET ADDRESS RT 5 BOX 788 PL
CITY-ST-ZIP BIG PINE KEY FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

DT
BEATTIE, CHRISTOPHER
1209 VIRGINIA ST. APT 6
KEY WEST, FL 33040

TITLE DP
NAME GREENE, ROBERT
STREET ADDRESS ROUTE 5 BOX 788 RN
CITY-ST-ZIP BIG PINE KEY FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE DP
NAME DRINKWATER, ARTHUR
STREET ADDRESS 95 BAY DRIVE
CITY-ST-ZIP KEY WEST, FL 00000

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE DV
NAME ELLIOTT, ROBERT
STREET ADDRESS 2801 S ROOSEVELT BLVD
CITY-ST-ZIP KEY WEST FL

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

[Signature]

READ, E. NELSON

1/5/97

205-235-2331

CR2E037 (9/96)