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Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90051 021 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769413

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/15/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2352331	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
30		31		32	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, ROBERT	1.2 NAME	
STREET ADDRESS	15 LUNA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	READ, E. NELSON	2.2 NAME	
STREET ADDRESS	1509 PATRICIA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTIE, CHRISTOPHER	3.2 NAME	
STREET ADDRESS	1209 VIRGINIA ST, APT 6	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMPER, CHARLES J	4.2 NAME	
STREET ADDRESS	3362 FLAGLER AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 00000 33040	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, ROBERT	5.2 NAME	
STREET ADDRESS	2601 S ROOSEVELT BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREH, HENRY	6.2 NAME	
STREET ADDRESS	108 SUNSET DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	6.4 CITY-ST-ZIP	

14. I 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 as an attachment with an address, with all other like empowered.

SIGNATURE: *E. Nelson* 1-5-99 305-294-2648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #