

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90077 013 \*\*\*\*61.25

<b>DOCUMENT # 769413</b>					
<b>1. Entity Name</b> KEY WEST CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBERSHOP QUARTET SIN					
<b>Principal Place of Business</b> ESERVATION & ENCOURGEMENT OF BARBERSHOP % 1509 PATRICIA STREET KEY WEST, FL 33040			<b>Mailing Address</b> ESERVATION & ENCOURGEMENT OF BARBERSHOP % 1509 PATRICIA STREET KEY WEST, FL 33040		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2352331	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
READ, E. NELSON 1509 PATRICIA STREET KEY WEST, FL 33040			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROWE, ROBERT		NAME	224 VAN GOGH CIRCLE	
STREET ADDRESS	15 LUNA LANE		STREET ADDRESS	BRANDON FL 33511	
CITY-ST-ZIP	KEY WEST, FL		CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	READ, E. NELSON		NAME		
STREET ADDRESS	1509 PATRICIA STREET		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040,		CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETROSKY, J. DALE		NAME		
STREET ADDRESS	23915 JEFFERSON		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLAIR SHORES, MI 48080		CITY-ST-ZIP		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIELE, JOHN		NAME		
STREET ADDRESS	21068 4TH AVE		STREET ADDRESS		
CITY-ST-ZIP	CUDJOE KEY, FL 330424033		CITY-ST-ZIP		
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KREH, HENRY		NAME		
STREET ADDRESS	108 SUNSET DR		STREET ADDRESS		
CITY-ST-ZIP	MARATHON, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE</b> <i>E. Nelson Read</i>			<b>E. NELSON READ SECRETARY 2-3-05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

305-294-2648