


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 769413 1. Entity Name KEY WEST CHAPTER OF THE SOCIETY FOR THE PRESERVATION 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	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="text-align: right;">01062006 No Chg-NP CR2E037 (11/05)</div> <div style="display: flex; justify-content: space-between;"> <div> 4. FEI Number 59-2352331 </div> <div> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent READ, E. NELSON 1509 PATRICIA STREET KEY WEST, FL 33040		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROWE, ROBERT 224 VAN GOGH CIRCLE BRANDON, FL 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS READ, E. NELSON 1509 PATRICIA STREET KEY WEST, FL 33040,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PETROSKY, J. DALE 23915 JEFFERSON SAINT CLAIR SHORES, MI 48080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VIELE, JOHN 21068 4TH AVE CUDJOE KEY, FL 330424033	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KREH, HENRY 108 SUNSET DR MARATHON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.		
SIGNATURE: <u>E. Nelson Read</u> E. NELSON READ <u>1-18-06</u> <u>305-294-2648</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



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01/27/06-80005-011 61.25

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