


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 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 & ENCOURAGEMENT OF BARBERSHOP % 1509 PATRICIA STREET KEY WEST, FL 33040	Mailing Address ESERVATION & ENCOURAGEMENT OF BARBERSHOP % 1509 PATRICIA STREET KEY WEST, FL 33040	



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2352331	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	

U00000580414
01/10/07-80046-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  **E. NELSON READ** **1-4-07** **305-294-2648**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #