2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2005
Secretary of State

DOCUMENT# N00000002809

Entity Name: ZONTA FOUNDATION OF KEY WEST, INC.

Current Principal Place of Business:

1702 N ROOSEVELT BLVD.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1702 N ROOSEVELT BLVD.
KEY WEST, FL 33040

New Mailing Address:

PO BOX 0184
KEY WEST, FL 33041

FEI Number: 65-1007404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERRIS, LOUISE
1702 N ROOSEVELT BLVD.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

FERRIS, LOUISE
PO BOX 0184
KEY WEST, FL 33041 US

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.

SIGNATURE: _____ 02/13/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PED	( ) Delete
Name:	FITZGERALD, RANNY	
Address:	1311 PINE ST	
City-St-Zip:	KEY WEST, FL 33040	
Title:	D	(X) Delete
Name:	WILLIAMS, GRETCHEN	
Address:	82 KEY HAVEN DR	
City-St-Zip:	KEY WEST, FL 33040	
Title:	PD	( ) Delete
Name:	FERRIS, LOUISE	
Address:	1702 N ROOSEVELT BLVD.	
City-St-Zip:	KEY WEST, FL 33040	
Title:	SD	( ) Delete
Name:	WERLING, DENISE	
Address:	P.O. BOX 1042	
City-St-Zip:	SUMMERLAND KEY, FL 33042	
Title:	TD	( ) Delete
Name:	HUTTON, SUZANNE	
Address:	551 PINE LANE	
City-St-Zip:	BIG PINE KEY, FL 330434611	
Title:	D	(X) Delete
Name:	BARACK, JERILYN	
Address:	3075 FLAGLER AVE #13	
City-St-Zip:	KEY WEST, FL 33040	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISE FERRIS PD 02/13/2005
Electronic Signature of Signing Officer or Director — Date