

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90314 032 \*\*\*\*61.25

<b>DOCUMENT # N00000004146</b>					
<b>1. Entity Name</b> THE WRECKERS OF KEY WEST CHARITABLE ASSOCIATION, INC.					
<b>Principal Place of Business</b> 921 THOMAS ST. KEY WEST, FL 33040			<b>Mailing Address</b> P.O. BOX 6553 KEY WEST, FL 33041-6553		
<b>2. Principal Place of Business</b> 1416 WHITE ST.		<b>3. Mailing Address</b>		04202005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 65-1019655	
<b>City &amp; State</b> Key West, FL		<b>City &amp; State</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>Zip</b> 33040		<b>Country</b> U.S.A.		<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> VINCENT, WILLIAM M 307 OLIVIA ST. KEY WEST, FL 33040			<b>7. Name and Address of New Registered Agent</b> Name: VINCENT, William M. Street Address (P.O. Box Number is Not Acceptable): 1416 WHITE ST City: Key West FL Zip Code: 33040		
<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: <i>William M. Vincent</i> - William M. Vincent DATE: 04-20-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 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>		
<b>TITLE</b> S <b>NAME</b> HAGEMAN, BRUCE <b>STREET ADDRESS</b> 921 THOMAS ST. <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input type="checkbox"/> Delete		<b>TITLE</b> S. <b>NAME</b> HAGEMAN, BRUCE <b>STREET ADDRESS</b> 407 FLEMING ST <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> VINCENT, WILLIAM M <b>STREET ADDRESS</b> 307 OLIVIA ST. <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input type="checkbox"/> Delete		<b>TITLE</b> T. <b>NAME</b> VINCENT, WILLIAM M. <b>STREET ADDRESS</b> 1416 WHITE ST <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> PARROW, JOHN R <b>STREET ADDRESS</b> 1711 UNITED ST. <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> GERLANDO, FRANK <b>STREET ADDRESS</b> 913 GEORGIA ST. <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MOD <b>NAME</b> BURR, EDWARD <b>STREET ADDRESS</b> 824 THOAMS ST. <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input type="checkbox"/> Delete		<b>TITLE</b> MOD <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> GETHEN, GARY <b>STREET ADDRESS</b> 1711 UNITED ST. <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> CORELLA, PAT <b>STREET ADDRESS</b> 603-ANGELA ST. <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> H <b>NAME</b> JONES, RANDY <b>STREET ADDRESS</b> 921 THOMAS ST. <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input type="checkbox"/> Delete		<b>TITLE</b> H <b>NAME</b> GETHEN, GARY <b>STREET ADDRESS</b> 1711 UNITED ST. <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<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>William M. Vincent</i> - William M. Vincent - TREAS. 04-20-05 305-978-7981 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					