

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004146

FILED
Aug 08, 2007
Secretary of State

Entity Name: THE WRECKERS OF KEY WEST CHARITABLE ASSOCIATION, INC.

Current Principal Place of Business:

824 THOMAS STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6553
KEY WEST, FL 330416553

New Mailing Address:

FEI Number: 65-1019655 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURR, EDWARD D
824 THOMAS STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: THOMPSON, JT
Address: 901 FLEMING STREET
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: BURR, EDWARD D
Address: 824 THOMAS STREET
City-St-Zip: KEY WEST, FL 33040

Title: VPD () Delete
Name: SPAITH, JAMES
Address: 421 UNITED STREET
City-St-Zip: KEY WEST, FL 33040

Title: MOD () Delete
Name: RODRIQUEZ, JOE
Address: 1307 ELIZABETH STREET
City-St-Zip: KEY WEST, FL 33040

Title: PD () Delete
Name: CORELLA, PAT
Address: 603 ANGELA STREET
City-St-Zip: KEY WEST, FL 33040

Title: H () Delete
Name: GETHEN, GARY
Address: 1711 UNITED STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: THOMPSON, JT
Address: 901 FLEMING STREET
City-St-Zip: KEY WEST, FL 33040

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

Title: PD (X) Change () Addition
Name: SPAITH, JAMES
Address: 421 UNITED STREET
City-St-Zip: KEY WEST, FL 33040

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

Title: S (X) Change () Addition
Name: ANDREWS, KEVIN
Address: 1115 FLEMING STREET
City-St-Zip: KEY WEST, FL 33040

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EDWARD D BURR

T

08/08/2007

Electronic Signature of Signing Officer or Director

Date