

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004146

FILED  
Apr 30, 2009  
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 ( )**

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

Title: MOD ( ) Delete  
Name: HAZELTON, BILL  
Address: 1711 UNITED STREET  
City-St-Zip: KEY WEST, FL 33040

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

Title: H (X) Delete  
Name: HAZELTON, BILL  
Address: 1711 UNITED STREET  
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: S (X) Change ( ) Addition  
Name: SPAITH, JAMES  
Address: 421 UNITED STREET  
City-St-Zip: KEY WEST, FL 33040

Title: PD (X) Change ( ) Addition  
Name: LUNSFORD, DELL  
Address: 508 OLIVIA  
City-St-Zip: KEY WEST, FL 33040

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 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

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date