

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002615

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: KEYS CHAMBER ORCHESTRA, INC.

## Current Principal Place of Business:

22940 SHARP LANE  
CUDJOE KEY, FL 33042

## New Principal Place of Business:

## Current Mailing Address:

22940 SHARP LANE  
CUDJOE KEY, FL 33042

## New Mailing Address:

FEI Number: 31-1772095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WRIGHT, INGA-LISA  
22940 SHARP LANE  
CUDJOE KEY, FL 33042 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: T ( ) Delete  
Name: STURLA, KARIN  
Address: 396 W MONTGOMERY AVE  
City-St-Zip: WYNNWOOD, PA 19096

Title: ED ( ) Delete  
Name: WRIGHT, ING-LISA  
Address: 22940 SHARP LANE  
City-St-Zip: CUDJO KEY, FL 33042

Title: P ( ) Delete  
Name: PERRY, MARVIN  
Address: BOX 430338  
City-St-Zip: BIG PINE KEY, FL 33043

Title: VPT ( ) Delete  
Name: STAKE, ELIAZBETH  
Address: 22940 SHARP LANE  
City-St-Zip: CUDJO KEY, FL 33042

Title: ST ( ) Delete  
Name: JANECKA, KAY  
Address: 1554 SUNRISE DR  
City-St-Zip: BIG PINE KEY, FL 33043

## 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: VPT (X) Change ( ) Addition  
Name: SCULLY, ELLEN  
Address: 22940 SHARP LANE  
City-St-Zip: CUDJO KEY, FL 33042

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 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: INGA-LISA WRIGHT

ED

04/12/2007

Electronic Signature of Signing Officer or Director

Date