

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002615

FILED
Aug 29, 2008
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 (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: **Name and Address of New Registered Agent:**

WRIGHT, INGA-LISA
22940 SHARP LANE
CUDJOE KEY, FL 33042 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: STURLA, KARIN
Address: 396 W MONTGOMERY AVE
City-St-Zip: WYNNEWOOD, 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: SCULLY, ELLEN
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: T (X) Change () Addition
Name: STURLA, KARIN
Address: P.O. BOX 420348
City-St-Zip: SUMMERLAND KEY, FL 33042

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: 22961 HAWKINS 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 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

08/29/2008

Electronic Signature of Signing Officer or Director

Date