


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005087	
1. Entity Name KEY WEST MARITIME MUSEUM, INC.	

Principal Place of Business 200 GREEN ST. KEY WEST, FL 33040	Mailing Address 200 GREEN ST. KEY WEST, FL 33040
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02142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1126012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HORAN, DAVID PAUL
608 WHITEHEAD ST.
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, JOHN JR 1000 NW 54TH ST. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, KIM 74 TAMARIND BIG COPPITT KEY, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINCAID, DONOVAN L 200 GREENE ST. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYON, EUGENE 1545 PELICAN LN. VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBB, GEORGE 20 BROAD ST. NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABT, TAFFI FISHER- 1322 US 1 SEBASTIAN, FL 32958

**DO NOT WRITE
IN THIS SPACE**

000000445159
03/07/06-80032-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/14/2006** Daytime Phone # _____