

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005087

FILED
Mar 20, 2009
Secretary of State

Entity Name: KEY WEST MARITIME MUSEUM, INC.

Current Principal Place of Business:

200 GREENE ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

200 GREENE ST.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-1126012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORAN, DAVID PAUL
200 GREENE 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: D () Delete
Name: HARRISON, JOHN JR
Address: 3870 LEAFY WAY
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: FISHER, SEAN
Address: 510 AVENUE A
City-St-Zip: KEY WEST, FL 33040

Title: CEO () Delete
Name: KENDRICK, MELISSA
Address: 200 GREENE ST.
City-St-Zip: KEW WEST, FL 33040

Title: D () Delete
Name: LYON, EUGENE
Address: 1545 PELICAN LN.
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: ROBB, GEORGE
Address: 20 BROAD ST.
City-St-Zip: NEW YORK, NY 10005

Title: D () Delete
Name: ABT, TAFFI FISHER-
Address: 1322 US 1
City-St-Zip: SEBASTIAN, FL 32958

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

Title: VP (X) Change () Addition
Name: ROBB, GEORGE
Address: 20 BROAD ST.
City-St-Zip: NEW YORK, NY 10005

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: MELISSA KENDRICK

CEO

03/20/2009

Electronic Signature of Signing Officer or Director

Date