## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000006730

Entity Name: KEY WEST WRITERS GUILD, INC.

FILED Jan 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1411 12TH STREET 115 FRONT ST KEY WEST FL 33404 103

KEY WEST, FL 33404 103 KEY WEST, FL 33040

1121 11201,12 00010

Current Mailing Address: New Mailing Address:

PO BOX 4983

KEY WEST, FL 33041

FEI Number: 65-0985509 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GALLAGHER, ANN

1411 TWELFTH STREET

KEY WEST, FL 33404 US

GALLAGHER, ANN

1411 TWELFTH STREET

KEY WEST, FL 33040 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: ANN GALLAGHER 01/09/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 SHALLON, MOLLY G
 Name:
 SHALLOW, MOLLY G PRES.

 Address:
 115 FRONT ST #103
 Address:
 115 FRONT ST #103

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 THOMAN, GEORGE
 Name:

 Address:
 31316 AVE J
 Address:

 City-St-Zip:
 BIG PINE KEY, FL 33043
 City-St-Zip:

 Name:
 GARDNER, MARQUERITE
 Name:
 GARDNER, MARGUERITE

 Address:
 1801 N. ROOSEVELT
 Address:
 1801 N. ROOSEVELT

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

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: MOLLY GROVER SHALLOW PRES 01/09/2009