

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003209

Entity Name: CEDAR KEY NEWS, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

12810 JERNIGAN AVE
CEDAR KEY, FL 32625

New Principal Place of Business:

Current Mailing Address:

12810 JERNIGAN AVE
CEDAR KEY, FL 32625

New Mailing Address:

FEI Number: 43-1956949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOY, JAMES
12810 JERNIGAN AVE
CEDAR KEY, FL 32625 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: JUBITZ, MOLLY
Address: 466 2ND STREET
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: TREAT, JERILYN
Address: 7TH STREET
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: DULONG, TERRI
Address: 12371 EAST POINT DR.
City-St-Zip: CEDAR KEY, FL 32625

Title: DST () Delete
Name: HOY, JAMES
Address: 12810 JERNIGAN AVE
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: HASLEY, MAURICE
Address: 16431 SW 720
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: DALE, LINDA
Address: 11750 RYE KEY DR
City-St-Zip: CEDAR KEY, FL 32625

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: D (X) Change () Addition
Name: GEERS, ROBERT
Address: 12430 GULF BLVD.
City-St-Zip: CEDAR KEY, FL 32625

Title: P (X) Change () Addition
Name: DALE, LINDA
Address: 11750 RYE KEY DR
City-St-Zip: CEDAR KEY, FL 32625

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: JAMES B. HOY

STR

04/20/2009

Electronic Signature of Signing Officer or Director

Date