

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003595

Entity Name: KEY WEST BIENNIAL INC.

FILED
Sep 08, 2004
Secretary of State

Current Principal Place of Business:

MORGAN AND HENDRICK
317 WHITEHEAD STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

MORGAN AND HENDRICK
317 WHITEHEAD STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDRICK, JAMES T
MORGAN AND HENDRICK
317 WHITEHEAD STREET
KEY WEST, FL 33040

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: CD () Delete
Name: VASEK, VERA A
Address: 901 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: HENDRICK, JAMES T
Address: 901 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: HARRISON, HELEN
Address: 825 WHITE STREET
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: SCHRECK, CAROL
Address: 3812 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROL A. SCHRECK

D

09/08/2004

Electronic Signature of Signing Officer or Director

Date