

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007098

Entity Name: CALVARY KEY WEST, INC.

**FILED**  
**Aug 26, 2004**  
**Secretary of State****Current Principal Place of Business:**738 AMELIA STREET  
UPSTAIRS  
KEY WEST, FL 33040**New Principal Place of Business:****Current Mailing Address:**738 AMELIA STREET  
UPSTAIRS  
KEY WEST, FL 33040**New Mailing Address:**

FEI Number: 54-2124114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**WALKER, ADAM A  
738 AMELIA STREET  
UPSTAIRS  
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: P ( ) Delete  
Name: WALKER, ADAM A  
Address: 738 AMELIA STREET (UPSTAIRS)  
City-St-Zip: KEY WEST, FL 33040Title: VP ( ) Delete  
Name: KABRICH, DON R  
Address: PO BOX 9017  
City-St-Zip: KEY WEST, FL 33040Title: TR ( ) Delete  
Name: GRATZ, JOHN T  
Address: 3359 RIVIERA DRIVE  
City-St-Zip: KEY WEST, FL 33040**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:

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: ADAM WALKER

P

08/26/2004

Electronic Signature of Signing Officer or Director

Date