

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03583

FILED  
May 03, 2011  
Secretary of State

**Entity Name:** KEY WEST CULTURAL PRESERVATION SOCIETY, INC.

**Current Principal Place of Business:**

MALLORY SQUARE DOCK AND PLAZA  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4837  
KEY WEST, FL 33041 US

**New Mailing Address:**

**FEI Number:** 59-2631154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEL ROSSO, DAVID W  
1001 18TH ST  
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  
Name: DARK-FROSH, WILL  
Address: 1120 DUVAL ST.  
City-St-Zip: KEY WEST, FL 33040

Title: D  
Name: ELISE, SCOTT  
Address: 803 WHITEHEAD ST. #3  
City-St-Zip: KEY WEST, FL 33040

Title: T  
Name: BIVENS, CHRISTINE J  
Address: P.O. BOX 2118  
City-St-Zip: KEY WEST, FL 33045

Title: S  
Name: LEANNE, MCCARTHY  
Address: 1015 SIMONTON ST. #39  
City-St-Zip: KEY WEST, FL 33040

Title: C  
Name: SUSAN, SCHAAL  
Address: 901 SOUTH ST.  
City-St-Zip: KEY WEST, FL 33040

Title: VC  
Name: DON, SULLIVAN  
Address: 623 ELIZABETH ST.  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE BIVENS

TR

05/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date