

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003224

FILED
Apr 29, 2006
Secretary of State

Entity Name: KEY WEST MARTIAL ARTS BOOSTER CLUB, INC

Current Principal Place of Business:

929 TOPPINO DR
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

929 TOPPINO DR
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:

TUYA, GISELLE
70 TAMARIND DR
BIG PINE KEY
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

TUYA, GISELLE
70 TAMARIND DR
BIG COPPITT KEY
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: GISELLE TUYA

04/29/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TUYA, GISELLE
Address: 929 TOPPINO DR
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SWANSON, HEATHER
Address: 929 TOPPINO DR
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SCHULTZ, LUCAS M
Address: 929 TOPPINO DR
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Delete
Name: SOTO, WILL
Address: 3203 HARRIET AVE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TUYA, GISELLE
Address: 70 TAMARIND DR
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change () Addition
Name: SOTO, WILL
Address: 3203 HARRIET AVE
City-St-Zip: KEY WEST, FL 33040

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 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: GISELLE TUYA

D

04/29/2006

Electronic Signature of Signing Officer or Director

Date