

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007066

FILED
Apr 20, 2009
Secretary of State

Entity Name: KEY WEST POLICE DEPARTMENT LOVE FUND, INC.

Current Principal Place of Business:

201 FRONT STREET STE 107
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

201 FRONT STREET STE 107
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-5145219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENKOCZY, JIM
201 FRONT ST #107
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 () Delete
Name: BENKOCZY, JIM
Address: 201 FRONT STREET STE 107
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: GRAY, DANYLE
Address: 201 FRONT STREET STE 107
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: BARRIOS, DONALD
Address: 201 FRONT STREET STE 107
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: TORRENCE, STEVE
Address: 201 FRONT STREET STE 107
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: REAM, KATHLEEN
Address: 201 FRONT STREET STE 107
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: MCPHERSON, BENJAMIN
Address: 201 FRONT ST, SYTE 107
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:

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 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: JIM BENKOCZY

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date