

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012277

FILED
Apr 22, 2009
Secretary of State

Entity Name: THE SCHOONER WESTERN UNION PRESERVATION SOCIETY, INC.

Current Principal Place of Business:

5601 COLLEGE ROAD
202
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

PO BOX 4379
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 20-5958968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBOER, GUY
5601 COLLEGE ROAD
202
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: C () Delete
Name: DEBOER, GUY
Address: 5601 COLLEGE ROAD #202
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: FRANK, NANCE
Address: 606 GREENE STREET
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: BARRY, WILLIAM
Address: 618 DEY STREET
City-St-Zip: KEY WEST, FL 33040

Title: VC () Delete
Name: HOLDEN, FRANK
Address: 1075 DUVAL STREET C21
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: BELLAND, CHRIS
Address: 201 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: BERNSTEIN, ROGER
Address: 3608 ROYAL PALM AVE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BARRY, WILLIAM M
Address: 618 DEY STREET
City-St-Zip: KEY WEST, FL 33040

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: WILLIAM M. BARRY

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04/22/2009

Electronic Signature of Signing Officer or Director

Date