

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012277

FILED  
Apr 09, 2010  
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  
Name: DEBOER, GUY  
Address: 5601 COLLEGE ROAD #202  
City-St-Zip: KEY WEST, FL 33040

Title: D  
Name: JONES, JOHN H  
Address: 1024 JAMES STREET  
City-St-Zip: KEY WEST, FL 33040

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

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

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

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

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: WILLIAM MCLEAN BARRY

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04/09/2010

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

\_\_\_\_\_  
Date