## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000011492

Apr 27, 2009 Secretary of State

Entity Name: KEY WEST GOOD GOVERNMENT COALITION, INC.

Current Princip	oal Place of Business:	New Princi	pal Place of Business:

1010 KENNEDY DRIVE 1010 KENNEDY DRIVE

SUITE 302

KEY WEST, FL 33040 KEY WEST, FL 33040

New Mailing Address: **Current Mailing Address:** 

P.O. BOX 2129 P.O. BOX 2039

KEY WEST, FL 33045 KEY WEST, FL 33045

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

ALLISON, JOHN R III ALLISON, JOHN R III 1010 KENNEDY DRIVE 1010 KENNEDY DRIVE SUITE 302

KEY WEST, FL 33040 US 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: 04/27/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Name:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete P,D (X) Change ( ) Addition

SINGH, PRITAM SINGH, PRITAM Name: Name:

1010 KENNEDY DRIVE #302 Address: 1010 KENNEDY DRIVE SUITE #302 Address:

City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

Title: S.D () Delete Title: (X) Change ( ) Addition

Name: ALLISON, JOHN R III Name: NEWLAND, ELIZABETH

Address: 1010 KENNEDY DRIVE #302 Address: 1010 KENNEDY DRIVE SUITE #302

City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

Title: VP,D () Delete Title: (X) Change ( ) Addition KORHONEN, ROB BAUERSACHS, ROBERT Name: Name:

1010 KENNEDY DRIVE #302 1010 KENNEDY DRIVE SUITE #302 Address: Address:

City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

( ) Change (X) Addition Title: () Delete Title: S/T

JESELSKIS, JANEL Name:

1010 KENNEDY DRIVE SUITE #302 Address: Address:

City-St-Zip: City-St-Zip: KEY WEST, FL 33040

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: ELIZABETH NEWLAND VP 04/27/2009