2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90070 011 ****61.25

DOCUMENT # N19222

1. Entity Name
KEY WEST LITERARY SEMINAR, INC.

50014994

Principal Place of Business	Mailing Address
718 LOVE LANE KEY WEST, FL 33040 US	718 LOVE LANE KEY WEST, FL 33040 US

02082005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2807058 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MUENS, BOB
513 FLEMING ST.,
SUITE 5
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KAUFELT, LYNN P.O. BOX 182 KEY WEST, FL 33041	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Bob Muens 513 Fleming St, Suite 5 Key West, FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ETHRIDGE, DAVID RTE 6 BOX 438 SUMMERLAND KEY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Judy Blume 1100 Flagler Key West FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRUSIN, MARY 2518 STAPLES KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Peyton Audinger 504 Noah Lane Key West FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILLS, RUST 1307 PINE ST KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Miles Frieden 716 Love Lane Key West FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLAIBORNE, ROSS 1029 CATHERINE ST. KEY WEST, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Judith Gaddis 1225 Olivia St Key West, FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MESKER, SUSAN 512 WILLIAM ST KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mark Grusin 2518 Staples Key West, FL 33040	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Miles P. Frieden Miles D. Frieden 2/8/05 (888)2939291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11. Continues on Reverse