2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19222

FILED Apr 05, 2006 Secretary of State

Entity Name: KEY WEST LITERARY SEMINAR, INC.

	rincipal Place	of Business:	New Principal Place	e of Business:	
718 LOVE KEY WES	LANE T, FL 33040	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
118 LOVE LANE KEY WEST, FL 33040 US			16 PRAYER RIDGE ROAD FAIRVIEW, NC 28730 US		
El Number	: 59-2807058	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	ING ST., T, FL 33040 U		ourpose of changing its register	ed office or registered agent, or both	
	e of Florida.		p	- a	
SIGNATU		ic Signature of Registered Age		Data	
				Date	
	S AND DIREC	IORS:		SES TO OFFICERS AND DIRECTO	
Fitle: Name: Nddress: City-St-Zip:	P () KAUFELT, LYNN P.O. BOX 182 KEY WEST, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
ītle:	D () ETHRIDGE, DAV RTE 6 BOX 438		Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address: City-St-Zip:	SUMMERLAND	NET, FL			
Address: Dity-St-Zip: Fitle: Name: Address:	SUMMERLAND	Delete	Title: Name: Address: City-St-Zip:	() Change () Addition	
\ddress:	SUMMERLAND D () GRUSIN, MARY 2518 STAPLES KEY WEST, FL	Delete 33040 Delete	Name: Address:	() Change () Addition () Change () Addition	
Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	D () GRUSIN, MARY 2518 STAPLES KEY WEST, FL D () HILLS, RUST 1307 PINE ST KEY WEST, FL	Delete 33040 Delete 33040 Delete OSS	Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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: MILES D. FRIEDEN DIRE 04/05/2006