

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19222

FILED
Feb 16, 2009
Secretary of State

Entity Name: KEY WEST LITERARY SEMINAR, INC.

Current Principal Place of Business:

718 LOVE LANE
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

16 PRAYER RIDGE ROAD
FAIRVIEW, NC 28730 US

New Mailing Address:

55 GLADE LANE
BLACK MOUNTAIN, NC 28711 US

FEI Number: 59-2807058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SHELBY, DIANE
1611 VON PHISTER
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: DIANE SHELBY

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAUFELT, LYNN
Address: P.O. BOX 182
City-St-Zip: KEY WEST, FL 33041

Title: D () Delete
Name: FRIEDEN, MILES
Address: 55 GLADE LANE
City-St-Zip: BLACK MOUNTAIN, NC 28711

Title: D () Delete
Name: GRUSIN, MARY
Address: 2518 STAPLES
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: GLEICK, JAMES
Address: 748 WINDSOR LANE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: KLINGENER, NANCY
Address: 411 GRINNELL ST.
City-St-Zip: KEY WEST, FL

Title: D () Delete
Name: MESKER, SUSAN
Address: 512 WILLIAM ST
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: MILES FRIEDEN

ED

02/16/2009

Electronic Signature of Signing Officer or Director

Date