

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23349

FILED
Jan 17, 2009
Secretary of State

Entity Name: UNITARIAN-UNIVERSALIST FELLOWSHIP OF KEY WEST, INC.

Current Principal Place of Business:

801 GEORGIA ST.
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

801 GEORGIA ST
KEY WEST, FL 33040 US

New Mailing Address:

801 GEORGIA ST.
KEY WEST, FL 33040 US

FEI Number: 65-0076326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTS, THOMAS
1025 FLEMING ST.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

BLACKSHAW, ADRIAN
6800 MALONEY AVENUE
LOT 4
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: ADRIAN BLACKSHAW

01/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SMITH, JIM,
Address: 25 ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: GISH, JOHN
Address: PO BOX 1517
City-St-Zip: KEY WEST, FL 33041

Title: PD () Delete
Name: SMITH, MARILYN
Address: 25 ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: NEY, WENDI
Address: 2212 FOGARTY AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: EDWARDS, CYNTHIA
Address: PO BOX 110
City-St-Zip: KEY WEST, FL 33041

Title: SD () Delete
Name: SAYLOR, CLIFF
Address: 321 MARGARET 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
Name:
Address:
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: JIM SMITH

TD

01/17/2009

Electronic Signature of Signing Officer or Director

Date