2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33229

FILED Apr 24, 2009 Secretary of State

Entity Name: KEY BISCAYNE CHOWDER CHOMPERS MARCHING AND PATRIOTIC BAND, INC.

Current Principal Place of Business: New Principal Place of Business: C/O WILLIAM H. COLE, JR. C/O LORI DAVIS 646 FERNWOOD ROAD 265 GRAPETREE DRIVE, #106 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 **Current Mailing Address:** New Mailing Address: C/O WILLIAM H. COLE, JR. C/O LORI DAVIS 646 FERNWOOD ROAD 265 GRAPETREE DRIVE, #106 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 FEI Number: 20-2786468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STICKNEY, TIMOTHY P ESQUIRE 260 CRANDON BLVD., SUITE #14 KEY BISCAYNE, FL 33149 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete COLE, WILLIAM H., JR. COLE, WILLIAM H., JR. Name: Name: 646 FERNWOOD ROAD Address: PO BOX 31-0577 Address: City-St-Zip: KEY BISCAYNE, FL City-St-Zip: MIAMI, FL 332310577 Title: () Delete Title: () Change () Addition DAVIS, LORI Name: Name: Address: 265 GRAPE TREE DR. #106 Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: Title: (X) Delete Title: () Change () Addition BARDER, FREDERIQUE Name: Name: 211 CAPE FLORIDA DRIVE Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: Title: () Delete Title: () Change () Addition DEIGHAN, LINDA Name: Name: 265 GRAPETREE DRIVE, #106 Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: Title: () Delete Title: () Change () Addition CLOUSE, DENNIS Name: Name: 10128 BOCA BEND EAST, #C-2 Address: Address: City-St-Zip: BOCA RATON, FL 33428 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: WILLIAM H COLE JR D 04/24/2009