

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003438

FILED  
May 02, 2010  
Secretary of State

**Entity Name:** KEY WEST SOUTHERNMOST RUNNERS, INC.

**Current Principal Place of Business:**

627 SIMONTON STREET  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5923  
KEY WEST, FL 33045 US

**New Mailing Address:**

**FEI Number:** 65-0501145      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCVEIGH, CYNTHIA  
627 SIMONTON STREET  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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:**

**Title:** D  
**Name:** NELSON, MARY ANN  
**Address:** 23059 REDFISH LANE  
**City-St-Zip:** SUMMERLAND KEY, FL 33042

**Title:** DS  
**Name:** SALAZAR, ED  
**Address:** PO BOX 62  
**City-St-Zip:** KEY WEST, FL 33040

**Title:** DP  
**Name:** KOCHAN, SUSAN  
**Address:** 3315 DONALD AVE  
**City-St-Zip:** KEY WEST, FL 33040

**Title:** DV  
**Name:** BELL, MARK  
**Address:** 1023 WONG SONG ALLEY  
**City-St-Zip:** KEY WEST, FL 33040

**Title:** DT  
**Name:** MCVEIGH, CYNTHIA  
**Address:** 627 SIMONTON STREET  
**City-St-Zip:** KEY WEST, FL 33040

**Title:** D  
**Name:** WHITE, TERRANCE  
**Address:** 1504 SOUTH STREET  
**City-St-Zip:** KEY WEST, FL 33041

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA C MCVEIGH

DT

05/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date