

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005401

FILED
May 06, 2009
Secretary of State

Entity Name: BAHAMA CONCH COMMUNITY LAND TRUST OF KEY WEST, INC.

Current Principal Place of Business:

305 JULIA STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

305 JULIA STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0681293 **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:

SAWYER, NORMA JEAN
325 1/2 JULIA 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: P () Delete
Name: MARQUARDT, JAMES
Address: 204 OLIVIA STREET
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: KELLY, ROBERT E JR
Address: 223 ANN STREET
City-St-Zip: KEY WEST, FL 33040

Title: VP/T () Delete
Name: BAIN, CECIL
Address: 326 TRUMAN
City-St-Zip: KEY WEST, FL 33040

Title: BM () Delete
Name: WILLIAMS, JETHON II
Address: 114 GERALDINE STREET, APT C
City-St-Zip: KEY WEST, FL 33040

Title: BM () Delete
Name: LOPEZ, GLENWOOD
Address: 396 BALIDO STREET
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAIN, CECIL
Address: 326 TRUMAN AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: VP (X) Change () Addition
Name: HALIOUA, CLAUDE
Address: 954 30TH STREET
City-St-Zip: MARATHON, FL 33040

Title: TREA (X) Change () Addition
Name: LOPEZ, GLENWOOD
Address: 396 BALIDO STREET
City-St-Zip: KEY WEST, FL 33040

Title: SEC (X) Change () Addition
Name: TEATE, SHONJA C.
Address: 209 PETRONIA STREET
City-St-Zip: KEY WEST, FL 33040

Title: BM (X) Change () Addition
Name: LYBRAND, DAVID
Address: 216 SOUTHARD STREET
City-St-Zip: KEY WEST, FL 33040

Title: BM () Change (X) Addition
Name: MARTIN, LEROY
Address: 116A GERALDINE STREET
City-St-Zip: KEY WEST, FL 33040

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: NORMA JEAN SAWYER

ED

05/06/2009

Electronic Signature of Signing Officer or Director

Date