

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005668

FILED
Apr 14, 2009
Secretary of State

Entity Name: FRIENDS OF MALLORY SQUARE, INC.

Current Principal Place of Business:

201 FRONT STREET
STE 224
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

201 FRONT STREET
STE 224
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0628526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIFT, EDWIN O III
201 FRONT ST
STE 224
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: PC () Delete
Name: SWIFT, EDWIN O. III
Address: 201 FRONT ST, STE 224
City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete
Name: GONZALEZ, JOSE
Address: 3130 NORTHSIDE DR
City-St-Zip: KEY WEST, FL 33040

Title: SD () Delete
Name: DRUCKER, RONALD H.
Address: 209 MUSKET LANE
City-St-Zip: WAYNE, PA 19087

Title: TD () Delete
Name: HENSON, STEVE
Address: 5551 2ND AVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: CASAS, HOPE
Address: 201 FRONT ST STE 224
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: SWIFT, EDWIN O. III
Address: 201 FRONT ST, STE 224
City-St-Zip: KEY WEST, FL 33040 US

Title: VD (X) Change () Addition
Name: GONZALEZ, JOSE
Address: 3130 NORTHSIDE DR
City-St-Zip: KEY WEST, FL 33040 US

Title: SD (X) Change () Addition
Name: DRUCKER, RONALD H.
Address: 209 MUSKET LANE
City-St-Zip: WAYNE, PA 19087 US

Title: TD (X) Change () Addition
Name: HENSON, STEVE
Address: 5551 2ND AVE
City-St-Zip: KEY WEST, FL 33040 US

Title: D (X) Change () Addition
Name: CASAS, HOPE
Address: 201 FRONT ST STE 224
City-St-Zip: KEY WEST, FL 33040 US

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: EDWIN O. SWIFT, III

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04/14/2009

Electronic Signature of Signing Officer or Director

Date