

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004222

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** KEY WEST SOCCER BOOSTER ASSOCIATION, INC.

**Current Principal Place of Business:**

4 COCONUT DRIVE  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

4 COCONUT DRIVE  
KEY WEST, FL 33040 US

**New Mailing Address:**

**FEI Number:** 65-0847842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCHESNEY, KEVIN  
1221 JOHNSON STREET  
KEY WEST, FL 33040 US

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

MCCHESNEY, KEVIN  
26 EVERGREEN TERRACE  
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:

04/27/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MCCHESNEY, KEVIN  
Address: 1221 JOHNSON ST  
City-St-Zip: KEY WEST, FL 33040 US

Title: D ( ) Delete  
Name: SAUNDERS, TAMMY  
Address: 4 COCONUT DRIVE  
City-St-Zip: KEY WEST, FL 33040

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MCCHESNEY, KEVIN  
Address: 26 EVERGREEN TERRACE  
City-St-Zip: KEY WEST, FL 33040 US

Title: TREA (X) Change ( ) Addition  
Name: SAUNDERS, TAMMY  
Address: 4 COCONUT DRIVE  
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Change (X) Addition  
Name: NELSON, DONNA  
Address: 2409 FOGARTY AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: SEC ( ) Change (X) Addition  
Name: HOGAN, JAIME  
Address: 1614 SOUTH STREET  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TAMMY SAUNDERS

TREA

04/27/2005

Electronic Signature of Signing Officer or Director

Date