2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# N97000004222

Entity Name: KEY WEST SOCCER BOOSTER ASSOCIATION, INC.

Current Principal Place of Business:

15 EMERALD DRIVE
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

15 EMERALD 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
26 EVERGREEN TERRACE
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: DP ( ) Delete
Name: MCCHESNEY, KEVIN
Address: 26 EVERGREEN TERRACE
City-St-Zip: KEY WEST, FL 33040 US

Title: TREA ( ) Delete
Name: LABRADA, PATRICK
Address: 15 EMERALD DRIVE
City-St-Zip: KEY WEST, FL 33040

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK LABRADA TREA 04/18/2007

Electronic Signature of Signing Officer or Director — Date