2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004222

FILED Apr 23, 2009 Secretary of State

Entity Name: KEY WEST SOCCER BOOSTER ASSOCIATION, INC.

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
3832 EAGL KEY WEST	E AVENUE , FL 33040	US			
Current Mailing Address:			New Mailin	New Mailing Address:	
	E AVENUE , FL 33040	US			
FEI Number:	65-0847842	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
	E AVENUE , FL 33040	US			
The above in the State		submits this statement for the pur	oose of changing its	ts registered office or registered agent, or both,	
SIGNATUR	E:				
	Electro	onic Signature of Registered Agent		Date	
OFFICERS	AND DIRE	CTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MCCHESNEY	EN TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PRES (HARDEN, SHI 3832 EAGLE KEY WEST, F	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC (HARTLE, LAU 3314 NORTHS KEY WEST, F	SIDE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPRE (CLIFFORD, J 2607 FOGAR KEY WEST, F	TY AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TREA (MARTIN, CHR 1006 - 17TH S KEY WEST, F	STREET	Title: Name: Address: City-St-Zip:	TRE (X) Change () Addition HARTLE, LAURA 3314 NORTHSIDE DRIVE 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: SHERI HARDEN PRES 04/23/2009