


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90036 024 \*\*\*\*61.25

<b>DOCUMENT # N98000000783</b> 1. Entity Name <b>NAVY LEAGUE, KEY WEST COUNCIL INC.</b>					
Principal Place of Business <b>3930 S ROOSEVELT BL S106 KEY WEST, FL 33040</b>			Mailing Address <b>P.O. BOX 475 KEY WEST, FL 33041</b>		
2. Principal Place of Business - No P.O. Box # <b>68 Key Haven Rd</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Key West, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>65-0796310</b>	
Zip <b>33040</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAWYER, MARY E 3930 S ROOSEVELT BLVD S106 KEY WEST, FL 33040</b>			7. Name and Address of New Registered Agent Name <b>Carolyn R. Williams</b> Street Address (P.O. Box Number is Not Acceptable) <b>68 Key Haven Rd</b> City <b>Key West</b> <b>FL</b> Zip Code <b>33040</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Carolyn R. Williams</i></u> <b>Carolyn R. Williams/Treasurer</b> <b>4-15-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMES, RON <input checked="" type="checkbox"/> Delete 182 VENETIAN WAY SUMMERLAND KEY, FL 33042		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gidget Johns <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 907 Frances St Key West, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA JOHNS, GIDGET <input type="checkbox"/> Delete 907 FRANCES ST KEY WEST, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Stan Rzad <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 776 Key West, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DYE, DONNA <input type="checkbox"/> Delete 17046 ALAMANDA DR SUMMERLAND KEY, FL 33042		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Carolyn Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 68 Key Haven Rd Key West, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GIBSON, BARRY F <input checked="" type="checkbox"/> Delete 2919 STAPLES AVE KEY WEST, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ron Demes <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 182 Venetian Way Summerland Key, FL 33042	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u><i>Gidget Johns</i></u> Gidget Johns, President 4-14-08 305-797-0980</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					