

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000783

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: NAVY LEAGUE, KEY WEST COUNCIL INC.

## Current Principal Place of Business:

68 KEY HAVEN RD  
KEY WEST, FL 33040

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 475  
KEY WEST, FL 33041

## New Mailing Address:

P.O. BOX 475  
KEY WEST, FL 33041 US

FEI Number: 20-1251214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, CAROLYN R  
68 KEY HAVEN RD  
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: P ( ) Delete  
Name: JOHNS, GIDGET  
Address: 907 FRANCES ST  
City-St-Zip: KEY WEST, FL 33040

Title: TREA ( ) Delete  
Name: JOHNS, GIDGET  
Address: 907 FRANCES ST  
City-St-Zip: KEY WEST, FL 33040

Title: SEC ( ) Delete  
Name: DYE, DONNA  
Address: 17046 ALAMANDA DR  
City-St-Zip: SUMMMERLAND KEY, FL 33042

Title: DIR ( ) Delete  
Name: DEMES, RON  
Address: 182 VENETIAN WAY  
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: V ( ) Delete  
Name: RZAD, STAN  
Address: PO BOX 776  
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete  
Name: WILLIAMS, CAROLYN  
Address: 68 KEY HAVEN RD  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RZAD, STANLEY  
Address: P.O. BOX 776  
City-St-Zip: KEY WEST, FL 33041

Title: DIR (X) Change ( ) Addition  
Name: PROBERT, DAN  
Address: 3728 FLAGLER AVE  
City-St-Zip: KEY WEST, FL 33040

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

Title: DIR (X) Change ( ) Addition  
Name: BREWER, LLOYD (BUD)  
Address: 3340 N ROOSEVELT BLVD STE 6  
City-St-Zip: KEY WEST, FL 33040

Title: V (X) Change ( ) Addition  
Name: MATHER, JOE  
Address: 3229 FLAGLER AVE APT 202  
City-St-Zip: KEY WEST, FL 33040

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

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: CAROLYN R. WILLIAMS

TREA

04/22/2009

Electronic Signature of Signing Officer or Director

Date