**NONPROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9800003661

KEY WEST INLINE SKATING ASSOCIATION, INC.

Principal Place of Susiness 425B EATON ST. KEY WEST FL 33040

Mailing Address

4258 EATON ST. KEY WEST FL 33040

## **FILED** May 17, 1999 8:00 am Secretary of State

05-17-1999 90096 020 \*\*\*\*61.25



2. Principal	Principal Place of Business 29. Malling Address				3. Date incorporated or Qualified 06/23/1998			
21					4. FEI Number	I And	plied For	
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.			•	65-0857453	<u> </u>	Applicable	
22 27			_		05-0651705			
City & St	ate -	City & State			5. Certificate of Status Desired -	\$8.75 A		
Zip	Country	Zip	Country	,	6. Election Campaign Financing \$5.00 May Be			
24	25	29	30		Trust Fund Contribution Added to Fees			
		9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
			81	1 Name				
INVESTIGATION OFFICE				(D.O. D., Mushar la Not Assertable)				
141 122 111 4 4 4 4 4 4 4 4 4 4 4 4 4 4				82 Street Address (P.O. Box Number is Not Acceptable)				
444 WHITEHEAD ST.				83				
KEYWEST FL 33040								
				City	FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered								
11. Pursuant to the provisions of Sections 617.1502, and of 17.1508, Florida Statutes, the above-harried current for the purpose of the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE  Stockholm Accord or Orland General Organizational spaces and little & space								
	Signature, typed or printed name of registered a		E: Regissered Age	us augmente required	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
12.	OFFICERS	ND DIRECTORS	1.1 TITLE		ensured P/D	☐ Change	Addition	
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NAME			12 NAME	B	everly summer		ļ	
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STREET ADDRES	s		8.3 STREE	T ADDRESS			}	
	1		6.4 CITY-S	rT-ZIP				
14 Lhorobs	cortifu that the information supplied	with this filing does not available			ection 119.07(3)(i), Florida Statutes. I further cert	tify that the in	formation	

I neverty certify that the information supplied with his timing coses for quality for the exemption season in section 13.07(3)(i), rectue 3 states. I note that it is indicated on this annual report of supplemental annual report is true and eccurate 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

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