

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001430

FILED
May 02, 2007
Secretary of State

Entity Name: KEY WEST HISTORICAL TURTLE KRAALS CANNERY MUSEUM & EDUCATIONAL CENTER, INC.

Current Principal Place of Business:

200 MARGARET ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

PO BOX 501805
MARATHON, FL 33050

New Mailing Address:

FEI Number: 65-0905833 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWN, TINA
200 MARGARET ST
KEY WEST, FL 33040 US

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: PTD () Delete
Name: BROWN, TINA
Address: 200 MARGARET ST.
City-St-Zip: KEY WEST, FL 33040

Title: V () Delete
Name: WONG, SENIE
Address: 200 MARGARET ST.
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: GOLDMAN, VICKY
Address: 200 MARGARET ST.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: BRAMSON, LISA
Address: 200 MARGARET ST.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: CAMPBELL, SEAN
Address: 200 MARGARET ST.
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:

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: TINA M. BROWN

P

05/02/2007

Electronic Signature of Signing Officer or Director

Date