

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750586

**Entity Name:** FLORIDA KEYS CONCERT ASSOCIATION, INC**Current Principal Place of Business:**8302 GULF OF MEXICO  
MARATHON, FL 33050**Current Mailing Address:**P.O. BOX 522636  
MARATHON SHORES, FL 33052 US**FEI Number:** 59-1971392**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSASCO, PETER CPA  
8085 OVERSEAS HWY  
MARATHON, FL 33050-3228 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:** PETER ROSASCO, CPA

03/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            WEBBNER, NORMAN  
Address        PO BOX 649  
City-State-Zip: LONG KEY FL 33001

Title            PROGRAM DIRECTOR  
Name            WEBBNER, NORMAN  
Address        P.O. BOX 649  
City-State-Zip: LONG KEY FL 33001

Title            SECRETARY  
Name            WALTERS, TERRY  
Address        PO BOX 500911  
City-State-Zip: MARATHON FL 33050

Title            DIRECTOR  
Name            ALEXANDER, DELCINE  
Address        811 PAINTED POST CT  
City-State-Zip: PIKESVILLE MD 21208

Title            DIRECTOR  
Name            HOVLAND, HAL  
Address        207 ANGLERS DR S  
City-State-Zip: MARATHON FL 33050

Title            DIRECTOR  
Name            WIMMER, MARY ANN  
Address        5TH AVE GULF  
City-State-Zip: MARATHON FL 33050

Title            2ND VP  
Name            NIKIFOROVA, GALINA  
Address        821 W W OCEAN  
City-State-Zip: KEY COLONY BEACH FL 33051

Title            DIRECTOR  
Name            PACE, LOIS  
Address        PO BOX 522636  
City-State-Zip: MARATHON SHORES FL 33052

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*I hereby 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 all other like empowered.*

**SIGNATURE:** NORMAN WEBBNER

TREASURER

03/10/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WRIGHT, THOMAS
Address	9711 OVERSEAS HIGHWAY
City-State-Zip:	MARATHON FL 33050