

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012277

Entity Name: THE SCHOONER WESTERN UNION PRESERVATION SOCIETY, INC.**FILED**
Feb 18, 2019
Secretary of State
5110180305CC**Current Principal Place of Business:**202R WILLIAM STREET
KEY WEST, FL 33040**Current Mailing Address:**PO BOX 4379
KEY WEST, FL 33041**FEI Number: 20-5958968****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCHOONER WESTERN UNION PRESERVATION SOCIET
202R WILLIAM STREET
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**Officer/Director Detail :**Title DIRECTOR
Name JONES, JOHN
Address 1024 JAMES ST
City-State-Zip: KEY WEST FL 33040Title DIRECTOR
Name DE BOER, GUY
Address 402 APPELROUTH LANE
City-State-Zip: KEY WEST FL 33040Title SECRETARY
Name HOLDEN, FRANK
Address 1075 DUVAL STREET C21
City-State-Zip: KEY WEST FL 33040Title DIRECTOR
Name SWIFT, EDWIN O
Address 201 FRONT STREET
City-State-Zip: KEY WEST FL 33040Title TREASURER
Name DOLAN-HEITLINGER, JOHN
Address 21 AZALEA DRIVE
City-State-Zip: KEY WEST FL 33040Title DIRECTOR
Name CONVERTITO,, CORI PHD
Address 281 FRONT STREET
City-State-Zip: KEY WEST FL 33040Title DIRECTOR
Name YATES, DONALD
Address 611 FLEMING STREET
City-State-Zip: KEY WEST FL 33040Title CHAIRMAN
Name BARRY, WILLIAM
Address 628 FLEMING STREET
City-State-Zip: KEY WEST FL 33040

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: JOHN DOLAN-HEITLINGER**TREASURER****02/18/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date