2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2014
Secretary of State
CC5598067803

DOCUMENT# N06000012277

Entity Name: THE SCHOONER WESTERN UNION PRESERVATION SOCIETY, INC.

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 33040

Title	SECRETARY
Name	HOLDEN, FRANK
Address	1075 DUVAL STREET C21
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	BERNSTEIN, ROGER
Address	3608 ROYAL PALM AVE
City-State-Zip:	MIAMI FL 33133

Title	TREASURER
Name	DOLAN-HEITLINGER, JOHN
Address	21 AZALEA DRIVE
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	DE BOER, GUY
Address	402 APPELROUTH LANE
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	SWIFT, EDWIN O
Address	201 FRONT STREET
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	MANLEY, RICHARD
Address	3726 SUNRISE LANE
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	GLORIE, THEO
Address	610 GRIFFIN LANE
City-State-Zip:	KEY WEST FL 33040

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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: RICHARD MANLEY DIRECTOR 01/20/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SMITH, BART
Address	138-142 SIMONTON STREET
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	CONVERTITO,, CORI PHD
Address	281 FRONT STREET
City-State-Zip:	KEY WEST FL 33040