

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000783

Entity Name: NAVY LEAGUE, KEY WEST COUNCIL INC.**Current Principal Place of Business:**68 KEY HAVEN RD
KEY WEST, FL 33040**Current Mailing Address:**P.O. BOX 475
KEY WEST, FL 33041 US**FEI Number:** 20-1251214**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, CAROLYN RT
68 KEY HAVEN RD
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	P
Name	MATHER, JOSEPH
Address	3329 FLAGLER AVE, APT 202
City-State-Zip:	KEY WEST FL 33040

Title	DIR
Name	PROBERT, DAN
Address	3728 FLAGLER AVE
City-State-Zip:	KEY WEST FL 33040

Title	SEC
Name	TOPPINO-COX, CASSANDRA
Address	1701 ATLANTIC BLVD
City-State-Zip:	KEY WEST FL 33040

Title	DIR
Name	BREWER, LLOYD (BUD)
Address	3340 N ROOSEVELT BLVD STE 6
City-State-Zip:	KEY WEST FL 33040

Title	V
Name	BREWER, L. PRESTON
Address	3340 N ROOSEVELT BLVD STE 6
City-State-Zip:	KEY WEST FL 33040

Title	T
Name	WILLIAMS, CAROLYN R
Address	68 KEY HAVEN RD
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: CAROLYN R. WILLIAMS**TREASURER****04/17/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date