2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90046 041 ****70.00

DOCUMENT # N97000000960

1. Entity Name

MONROE COUNCIL OF THE ARTS CORPORATION

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
P.O. BOX 717 KEY WEST FL 33041	P.O. BOX 717 KEY WEST FL 33041

2. Principal Place of Business	3. Mailing Address
1100 Simonton St.	1100 Simonton St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key West, FL	City & State: Key West, FL
Zip: 33040 Country: USA	Zip: 33040 Country: USA

4. FEI Number: 65-0737532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HASKELL, MONICA
2819 HARRIS AVENUE
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAW, WILLIAM 381 101ST STREET OCEAN MARATHON FL 33050	☒ Delete	V ROCKY HUBERT 101640 OVERSEAS HWY KEY LARGO, FL 33037	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GIRARD, JUNE SUGARLOAF SHORES SUGARLOAF FL 33044	☐ Delete	P MONICA HASKELL 2819 HARRIS AVE KEY WEST FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HILDRETH, JACK 99551 OVERSEAS HWY KEY LARGO FL 33037	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COHN, DAVID 89051 STATE RD 4A TAVERNIER FL 33070	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROCKY HUBERT 101640 OVERSEAS HWY KEY LARGO, FL 33037	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M Haskell 2-10-04 305-295-4369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #