2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

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1. Entity Name
MONROE COUNCIL OF THE ARTS CORPORATION

Principal Place of Business	Mailing Address
1100 SIMONTON ST KEY WEST, FL 33040	1100 SIMONTON ST KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

01132006 No Chg-NP CR2E037 (11/05)

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

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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)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HUBERT, ROCKY
STREET ADDRESS	101640 OVERSEAS HWY
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	SD
NAME	GROTH, CONNIE
STREET ADDRESS	633 ELIZABETH ST
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	TD
NAME	HILDRETH, JACK
STREET ADDRESS	97665 OVERSEAS HWY
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	VD
NAME	COHN, DAVID
STREET ADDRESS	89051 STATE RD 4A
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	P
NAME	HASKELL, MONICA
STREET ADDRESS	2819 HARRIS AVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/06-80062-025 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Monica Haskell Monica Haskell 1-13-06 305-295-4369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #