2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State
01-29-2007 90090 012 ****70.00

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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

01172007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
HASKELL, MONICA 2819 HARRIS AVENUE KEY WEST, FL 33040	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	CD HUBERT, ROCKY 101640 OVERSEAS HWY KEY LARGO, FL 33037	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Groth, Connie 833 Elizabeth st Key West, FL 33040	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GROTH, CONNIE 833 ELIZABETH ST KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Giffen, Lois 2000 Manor Lane Marathon, FL 33050	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HILDRETH, JACK 97665 OVERSEAS HWY KEY LARGO, FL 33037	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COHN, DAVID 89051 STATE RD 4A TAVERNIER, FL 33070	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Sandifer, Cris 909 S. Ruby Drive Key Largo, FL 33037	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HASKELL, MONICA 2819 HARRIS AVE KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 1-23-07 305-295-4369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #