

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007463

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** PERFORMING ARTS CENTERS OF KEY WEST, INC.

**Current Principal Place of Business:**

5901 COLLEGE ROAD  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

5901 COLLEGE ROAD  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 20-1681971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENDERSON, ANN  
501 WHITEHEAD STREET  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

WOOD, FRANK  
152 SUGARLOAF DRIVE  
SUGARLOAF KEY, FL 33042 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: FRANK WOOD

04/28/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: O ( ) Delete  
Name: BUDINGER, BILL  
Address: 501 WHITEHEAD STREET  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: TOMLINSON, REBECCA  
Address: 1045 LOGGERHEAD LANE  
City-St-Zip: KEY WEST, FL 33040

Title: O ( ) Delete  
Name: HENDERSON, ANN  
Address: 501 WHITEHEAD STREET  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WOOD, FRANK  
Address: 152 SUGARLOAF DRIVE  
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: O (X) Change ( ) Addition  
Name: ROMANO, FRANK  
Address: 58 KEY HAVEN ROAD  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANK WOOD

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date