2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N04000007463

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