


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90059 032 ****61.25

DOCUMENT # N04000007463

1. Entry Name
PERFORMING ARTS CENTERS OF KEY WEST, INC.



Principal Place of Business Mailing Address
5901 COLLEGE ROAD **5901 COLLEGE ROAD**
KEY WEST, FL 33040 **KEY WEST, FL 33040**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

State, Apt. #, etc. State, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02272007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-1681971

Accepted For Not Accepted

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	
WOOD, FRANK 152 SUGARLOAF DRIVE SUGARLOAF KEY, FL 33042		Name Street Address (P.O. Box Number's Not Acceptable) City FL Zip Code	

8. The above named entry 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 the Filing Office) NOTE: Registered Agents provide this address when answering 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 '07	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	O BUDINGER, BILL 501 WHITEHEAD STREET KEY WEST, FL 33040 <input checked="" type="checkbox"/> Deleted	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	O CALL, NEIL 1500 ATLANTIC BLVD KEY WEST FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WOOD, FRANK 152 SUGARLOAF DRIVE SUGARLOAF KEY, FL 33042 <input type="checkbox"/> Deleted	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	O ROMANO, FRANK 58 KEY HAVEN ROAD KEY WEST, FL 33040 <input type="checkbox"/> Deleted	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Deleted	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Deleted	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Deleted	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Chapter 199, 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, changed, or on an attachment with an address, with a "other" like empowered.

SIGNATURE: Frank E Wood 2/28/07 305-296-1520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Calling Office