


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 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
WOOD, FRANK 152 SUGARLOAF DRIVE SUGARLOAF KEY, FL 33042	Name
	Street Address (P.O. Box Numbers Not Acceptable)
	City
	State Zip Code
	<p style="text-align: right;">FL _____</p>

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 service 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	O <input checked="" type="checkbox"/> Delete	TITLE	O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUDINGER, BILL	NAME	CALL, NEIL
STREET ADDRESS	501 WHITEHEAD STREET	STREET ADDRESS	1500 ATLANTIC BLVD
CITY-STATE-ZIP	KEY WEST, FL 33040	CITY-STATE-ZIP	KEY WEST FL 33040
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, FRANK	NAME	
STREET ADDRESS	152 SUGARLOAF DRIVE	STREET ADDRESS	
CITY-STATE-ZIP	SUGARLOAF KEY, FL 33042	CITY-STATE-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANO, FRANK	NAME	
STREET ADDRESS	58 KEY HAVEN ROAD	STREET ADDRESS	
CITY-STATE-ZIP	KEY WEST, FL 33040	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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