

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000960

FILED
Apr 22, 2009
Secretary of State

Entity Name: MONROE COUNCIL OF THE ARTS CORPORATION

Current Principal Place of Business:

1100 SIMONTON ST
2-263
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1100 SIMONTON ST
2-263
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0737532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YOUNG, ELIZABETH
711 FRANCES STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WALTERS, DEAN
Address: 16823 E. POINT DRIVE
City-St-Zip: SUGARLOAF SHORES, FL 33042

Title: TD () Delete
Name: HEWLETT, GAYLE
Address: 217 95TH STREET OCEAN
City-St-Zip: MARATHON, FL 33050

Title: CD () Delete
Name: SANDIFER, CRIS
Address: 909 S. RUBY DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: SD () Delete
Name: AXFORD, THERESA
Address: 1401 4TH STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: HEWLETT, GAYLE
Address: 217 95TH STREET OCEAN
City-St-Zip: MARATHON, FL 33050

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CRIS SANDIFER

CD

04/22/2009

Electronic Signature of Signing Officer or Director

Date