

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007463

FILED  
Apr 18, 2011  
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:**

WOOD, FRANK  
152 SUGARLOAF DRIVE  
SUGARLOAF KEY, FL 33042 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: D  
Name: CALL, NEIL  
Address: 1500 ATLANTIC BLVD  
City-St-Zip: KEY WEST, FL 33040

Title: D  
Name: WOOD, FRANK  
Address: 152 SUGARLOAF DRIVE  
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: O  
Name: ROMANO, FRANK  
Address: 58 KEY HAVEN ROAD  
City-St-Zip: KEY WEST, FL 33040

Title: O  
Name: BRYAN, GREEN  
Address: 910 WATSON STREET  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: FRANK WOOD

DIR

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date