

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007463

Entity Name: PERFORMING ARTS CENTERS OF KEY WEST, INC.**Current Principal Place of Business:**5901 COLLEGE ROAD
KEY WEST, FL 33040**Current Mailing Address:**5901 COLLEGE ROAD
KEY WEST, FL 33040**FEI Number:** 20-1681971**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HIGHSMITH, ROBERT
3158 NORTHSIDE DRIVE
KEY WEST, FL 33040 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	HIGHSMITH, ROBERT
Address	3158 NORTHSIDE DRIVE
City-State-Zip:	KEY WEST FL 33040

Title	O
Name	ANN, REYNOLDS
Address	56 FRONT STREET
City-State-Zip:	KEY WEST FL 33040

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

Title	D
Name	THOMAS, CLEMENTS
Address	1025 FLEMING STREET
City-State-Zip:	KEY WEST FL

Title	D
Name	JEAN, CARPER
Address	1500 VON PHISTER STREET
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	HATCH, RICHARD
Address	5901 COLLEGE ROAD
City-State-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: ANN REYNOLDS**PRESIDENT****04/27/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date