FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **715224** **(2)**

1. Corporation Name
LONGBOAT KEY ART CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6860 LONGBOAT DRIVE SOUTH LONGBOAT KEY FL 34228	6860 LONGBOAT DRIVE SOUTH LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified: **09/06/1968**
3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-1149579** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

CUNNINGHAM, BETH
4350 CHATHAM E104
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	MCRUDDEN, ELEANOR	12 NAME	Sherman, Edwin
STREET ADDRESS	5555 GULF OF MEXICO DR 201	13 STREET ADDRESS	1930 Harbourside Drive $143
CITY-ST-ZIP	LONGBOAT KEY FL	14 CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, DOROTHY J.	22 NAME	
STREET ADDRESS	628 BAYVIEW DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	BRODA, ROBERT	32 NAME	Simpson, Patricia
STREET ADDRESS	2029 HARBOUR LINKS DR	33 STREET ADDRESS	Box 91/600 Lindley
CITY-ST-ZIP	LONGBOAT KEY FL	34 CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	HIVELY, ROBERT	42 NAME	
STREET ADDRESS	4870 GULF OF MEXICO DR	43 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	TD ☒ Change ☐ Addition
NAME	CLENDENING, RICHARD	52 NAME	Monroe, Andrew P.
STREET ADDRESS	6700 GULF OF MEXICO #139	53 STREET ADDRESS	3130 Bayou Sound
CITY-ST-ZIP	LONGBOAT KEY FL	54 CITY-ST-ZIP	Longbont Key FL 34228
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beth Cunningham, Director — Beth Cunningham, Director — 4/13/95 — (813)383-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019070