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May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715224 (2)

1. Corporation Name

LONGBOAT KEY ART CENTER, INC.



Principal Place of Business

6860 LONGBOAT DRIVE SOUTH
LONGBOAT KEY FL 34228

Mailing Address

6860 LONGBOAT DRIVE SOUTH
LONGBOAT KEY FL 34228-10363. Date Incorporated or Qualified
09/06/19683a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-1149579

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for Intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUNNINGHAM, BETH
4350 CHATHAM E104
LONGBOAT KEY FL 34228

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SHERMAN, EDWIN
STREET ADDRESS 1830 HARBOURSIDE DRIVE #143
CITY-ST-ZIP LONGBOAT KEY FL1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME SHERMAN, EDWIN
1.3 STREET ADDRESS 2410 HARBOURSIDE DRIVE #141
1.4 CITY-ST-ZIP LONGBOAT KEY FL 34228TITLE SD ☐ DELETE
NAME ROSE SCOTT
STREET ADDRESS 4310 FALMOUTH DRIVE, A-301
CITY-ST-ZIP LONGBOAT KEY FL2.1 TITLE SD ☐ Change ☐ Addition
2.2 NAME ROSE SCOTT
2.3 STREET ADDRESS 4310 FALMOUTH DRIVE A-301
2.4 CITY-ST-ZIP LONGBOAT KEY FL 34228TITLE VD ☐ DELETE
NAME SIMPSON, PATRICIA
STREET ADDRESS BOX 91/600 LINDLEY
CITY-ST-ZIP LONGBOAT KEY FL3.1 TITLE VD ☐ Change ☐ Addition
3.2 NAME SIMPSON, PATRICIA
3.3 STREET ADDRESS BOX 91/600 LINLEY
3.4 CITY-ST-ZIP LONGBOAT KEY FL 34228TITLE VD ☐ DELETE
NAME EARL POLLOCK
STREET ADDRESS 340 GULF OF MEXICO DRIVE, #116
CITY-ST-ZIP LONGBOAT KEY FL4.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME JOAN PARTRIDGE
4.3 STREET ADDRESS 5555 GULF OF MEXICO DRIVE #104
4.4 CITY-ST-ZIP LONGBOAT KEY FL 34228TITLE TD ☐ DELETE
NAME MONROE, ANDREW P.
STREET ADDRESS 3130 BAYOU SOUND
CITY-ST-ZIP LONGBOAT KEY FL5.1 TITLE TD ☐ Change ☐ Addition
5.2 NAME MONROE, ANDREW P.
5.3 STREET ADDRESS 3130 BAYOU SOUND
5.4 CITY-ST-ZIP LONGBOAT KEY FL 34228TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

BETH CUNNINGHAM DIRECTOR

SIGNATURE: *Beth Cunningham*

4/29/97 (94) 383-2295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0062601

CR2E037 (9/96)