

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90086 018 \*\*\*\*61.25

DOCUMENT # 715224

1. Corporation Name

LONGBOAT KEY CENTER FOR THE ARTS, INC.

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

Mailing Address  
6860 LONGBOAT DRIVE SOUTH  
LONGBOAT KEY FL 34228



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/06/1968

4. FEI Number

59-1149579

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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 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

TITLE PD  
NAME WESELEY, SUSAN  
STREET ADDRESS 2425 GULF OF MEXICO DRIVE #A-4  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE SD  
NAME JONES, LAURIE  
STREET ADDRESS P O BOX 615/6465 GULFSIDE RD  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE VD  
NAME JOHNSON, RONALD  
STREET ADDRESS 6865 HUGHES STREET  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE VD  
NAME PLANCK, KENT  
STREET ADDRESS 1932 HARBOURSIDE DR, #224  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE TDTR  
NAME MONROE, ANDREW P  
STREET ADDRESS 3130 BAYOU SOUND  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Beth Cunningham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (941) 383-2345  
Date Daytime Phone #

CR2E037 (1/98)