

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715224

FILED
Jan 10, 2007
Secretary of State

Entity Name: LONGBOAT KEY CENTER FOR THE ARTS, INC.

Current Principal Place of Business:

6860 LONGBOAT DRIVE SOUTH
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

6860 LONGBOAT DRIVE SOUTH
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 59-1149579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNIFER, GLASSMOYER L D
6860 LONGBOAT DRIVE SOUTH
LONGBOAT KEY, FL 34228 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: P () Delete
Name: PARTRIDGE, JOAN
Address: 5555 GULF OF MEXICO DR #104
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: GLASSMOYER, JENNIFER L
Address: 1556 STICKNEY POINT RD
City-St-Zip: SARASOTA, FL 34231

Title: V () Delete
Name: SCHMITT, EDWARD
Address: 435 L'AMBIANCE, APT. H-602
City-St-Zip: LONGBOAT KEY, FL 34228

Title: V () Delete
Name: ROTH, ANN
Address: 777 LANDS SAND DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: V () Delete
Name: JONES, NANCY
Address: 6700 GULF OF MEXICO DRIVE #117
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T () Delete
Name: NELON, WINNIE
Address: 6515 BAYOU HAMMOCK
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JENNIFER GLASSMOYER

D

01/10/2007

Electronic Signature of Signing Officer or Director

Date