
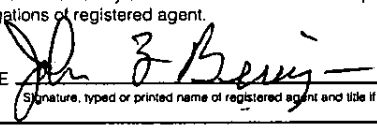
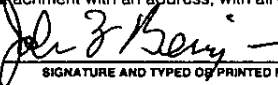


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90073 001 \*\*\*\*61.50

<b>DOCUMENT # 750586</b> 1. Entity Name <b>MIDDLE KEYS CONCERT ASSOCIATION, INC.</b>					
Principal Place of Business <b>SAN PABLO CATHOLIC CHURCH 550 122ND ST OCEAN MARATHON, FL 33050</b>			Mailing Address <b>PO BOX 522636 MARATHON SHORES, FL 33052</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1971392</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>INGHRAM, JOANN 1580 5ND ST GULF MARATHON, FL 33050</b>				Name <b>John F Berrigan</b> Street Address (P.O. Box Number is Not Acceptable) <b>2121 Ave H</b> City <b>Marathon</b> <b>FL</b> Zip Code <b>33050</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <b>John Berrigan</b> <b>3-23-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>WEIL, BARBARA</b> <b>PO BOX 510069</b> <b>KEY COLONY BCH, FL 33051</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec <b>Edward Bouton</b> <b>58273 Morton ST</b> <b>Marathon FL 33050</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>SCHNEIDER, PHILIP</b> <b>1217 SOMBRERO BLVD</b> <b>MARATHON, FL 33050</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas <b>John F Berrigan</b> <b>2121 Ave H</b> <b>Marathon FL 33050</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>INGHRAM, JOANN</b> <b>1580 5ND ST GULF</b> <b>MARATHON, FL 33050</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres <b>Harold Brown</b> <b>1500 52nd ST Gulf</b> <b>Marathon FL 33050</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres <b>Harold Brown</b> <b>1500 52nd ST Gulf</b> <b>Marathon FL 33050</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VP <b>Ray Baumgartner</b> <b>100 Tingle Island</b> <b>Marathon FL 33050</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VP <b>Ray Baumgartner</b> <b>100 Tingle Island</b> <b>Marathon FL 33050</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VP <b>Lynda Berrigan</b> <b>2121 Ave H</b> <b>Marathon FL 33050</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VP <b>Lynda Berrigan</b> <b>2121 Ave H</b> <b>Marathon FL 33050</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3rd VP <b>John F Berrigan</b> <b>2121 Ave H</b> <b>Marathon FL 33050</b>	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>John F Berrigan</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-23-05</b> <small>Date</small>		
			<b>(305) 743-4687</b> <small>Daytime Phone #</small>		

00031150



01102005 Chg-NP CR2E037 (10/03)