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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 FEB 14 PM 2:26

DOCUMENT # 768160 (4)

1. Corporation Name

TENNESSEE WILLIAMS FINE ARTS CENTER FOUNDERS' SOCIETY, INC.

Principal Place of Business	Mailing Address
5901 W. JR. COLLEGE RD KEY WEST FL 33040	5901 W. JR. COLLEGE RD KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1983
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2346182 ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

READ, NELSON E
5901 W. JR. COLLEGE RD.
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: Karleen A. Grant, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 330 Whitehead St., Ste 200
83 Key West, FL 33040
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: Karleen A. Grant — Karleen A. Grant — 2/10/95
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	VD	1.1 TITLE	☒ Change ☐ Addition
NAME	ALDERMAN, KENNETH	1.2 NAME	Sandra Taylor
STREET ADDRESS	3426 16TH TERRACE	1.3 STREET ADDRESS	1210 Pine St.
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	Key West, FL 33040
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	VIANA, JOSEPH	2.2 NAME	
STREET ADDRESS	1523 WASHINGTON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	READ, NELSON E	3.2 NAME	
STREET ADDRESS	5901 W. JR. COLLEGE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	MUNROE, CHARLES	4.2 NAME	
STREET ADDRESS	827 EISENHOWER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	BAZO, HELGA	5.2 NAME	
STREET ADDRESS	1215 16TH TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is validly 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: E. Nelson Read — E. Nelson Read, Treasurer — 2/10/95 — 305-296-9081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Ex E, 230

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