| OCUMENT # 768160 (4) TENNESSEE WILLIAMS FINE ARTS CENTER FOUNDERS' SO CIETY, INC. Melling Address of W. JR. COLLEGE RD S90' W. JR. COLL | 199 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | FLORIDA DEPARTMENT Sandra B. Mor Secretary of Surviviol Division OF CORF | NT OF STATE rtham State | | |
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| TENNESSEE WILLIAMS FINE ARTS CENTER FOUNDERS' SO CIETY, INC. Mailting Address on W. AR COLLEGE RD S90 W. AR COLLE | OCUME corporation Nat | | (4) | | | |
| To W. AR. COLLEGE RD NEY WEST FI. 3000 10. W. AR. COLLEGE RD NEY WEST FI. 3000 10. Date incorporation of Countries 20. Mailling Address 20. Mailling Address 20. Mailling Address 20. Mailling Address 20. April # 61c 20. Solite | TENNESS | SEE WILLIAMS FINE ARTS | CENTER FOUNDERS' | so | | |
| A Dave hopporated or Custified A Principal Place of Business 2a. Malling Address 2b. P. D. Gury 2a. Malling Address 2b. P. D. Gury 2b. P. D. Gury 2c. Malling Address 2c. | | | · · | | | |
| Principal Place of Business 2a. Mailing Address 2a C. D. D. S. Certification Status Desired S. P. D. D. S. Certification Status Desired S. P. D. D. S. Certificate of Status Desired S. P. D. D. S. Certificate of Status Desired S. S. Certificate Status Desired S. S. S. O. N. D. D. S. Certificate Status Desired S. S. S. O. D. | | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report 02/14/1995 |
| Surie, Apt. #, etc. Subset Subset | Principal Place | of Business | 2a. Mailing Address | -01 | 4. FEI Number | Applied For |
| Cry & State 20 Country 20 C | | <u>,</u> | 26 P BUX 5 | 7. | | \$8.75 Additional |
| True fund Contribution Added to Fees True fund Contribution True | Suite, Apt. #, e | IC. | 27 | | | Too Hogorou |
| Zip | City & State | | 30 Fox 11/05 6 | FL | Trust Fund Contribution | Added to Fees |
| 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name 9. Name and Address of Current Registered Agent 9. Name 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Suffice or registered agent or both in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered of these or registered or regi | Zip | <u> </u> | Zip | Country A | Florida Statutes | YesNo |
| GRANT, KARLEEN A ESO 330 WHITEHEADST. SUITE 200 KEY WEST FL 33040 1. Pursuant to the provisions of Sections 617.0502 and 617.1508. Poricis 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. 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. 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. Statutes. Internation with, and accept the obligations of, Section 617.0503 Florida Statutes. Internation with, and accept the obligations of, Section 617.0503 Florida Statutes. Internation with, and accept the obligations of, Section 617.0503 Florida Statutes. Internation with, and accept the obligations of, Section 617.0503 Florida Statutes. Internation with, and accept the obligations of, Section 617.0503 Florida Statutes. Internation with, and accept the obligations of, Section 617.0503 Florida Statutes. Internation with, and accept the obligations of, Section 617.0503 Florida Statutes. Internation with, and accept the obligations of, Section 617.0503 Florida Statutes. Internation with, and accept the obligations of, Section 617.0503 Florida Statutes. Internation with, and accept the obligations of, Section 617.0503 Florida Statutes. Internation with, and accept the obligations of, Section 617.0503 Florida Statutes. Internation with, and accept the obligations of, Section 617.0503 Florida Statutes. Internation with, and accept the obligations of, Section 617.0503 Florida Statutes. Internation with, and accept the obligations of, Section 617.0503 Florida Statutes. Internation with an accept the obligations of section 617.0503 Florida Statutes. Internation with an accept the obligations of section 617.0503 Florida Statutes. Internation with an accept the obligations | | 25 9. Name and Address of Current | | | 10. Name and Address of New Re | gistered Agent |
| I. Pursuant to the provisions of Sections 617,0502 and 617,1509, 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 Doard of directors. Thereby accept the appointment as registered agent, and the State of Florida. Such change was authorized by the corporation's Doard of directors. Thereby accept the appointment as registered agent and see a special provision of 17,0503. Florida Statutes. [GNATURE | 330 WHIT SUITE 20 | rehea d st. 10 | | 83 | 30000 (1.0.) | 85 Zin Code |
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| 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in a contract that my signature shall have the same legal effect as the property of the propert | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | | | |
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