

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 27 1997 8:00am
Secretary of State

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

PO BOX 591
KEY WEST FL 33041
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/26/1983 3a. Date of Last Report 07/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 5137

4. FEI Number 59-2346182

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

KEY WEST FL

Zip

Country

Zip

Country

24

25

29

33045-5137

30

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANT, KARLEEN A ESO
330 WHITEHEAD ST.
SUITE 200
KEY WEST FL 33040

81 Name WEACHTER, JOHN R.
82 Street Address (P.O. Box Number is Not Acceptable) 330 WHITEHEAD ST
83
84 City KEY WEST FL 85 Zip Code 33040

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.

(Not for Registered Agent signature required when reinstating)

DATE

8-19-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME TAYLOR, SANDRA

1.2 NAME

STREET ADDRESS 1210 PINE ST

1.3 STREET ADDRESS

CITY-ST-ZIP KEY WEST FL

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

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 ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME GRANT, KARLEEN A.

3.2 NAME

STREET ADDRESS 330 WHITEHEAD ST, STE 200

3.3 STREET ADDRESS

CITY-ST-ZIP KEY WEST FL

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME WEACHTER, JOHN R.

4.2 NAME

STREET ADDRESS 330 WHITEHEAD ST

4.3 STREET ADDRESS

CITY-ST-ZIP KEY WEST FL

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME HOUTZ, KATHRYN E.

5.2 NAME

STREET ADDRESS 3200 FLAGLER AVE

5.3 STREET ADDRESS

CITY-ST-ZIP KEY WEST FL

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☒ Addition

NAME M

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

SD MATTHEW HELMERICH
1218 VARIELA ST
KEY WEST, FL 33040

14. I do 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.

SIGNATURE SIGNATURE REQUIRED

8-19-97 (305) 394-4387

CR2E037 (4/97)