FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State
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DOCUMENT # 768160

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	P O BOX 5137 KEY WEST FL 33045-137 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 04/26/1983 4. FEI Number 59-2346182 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEACHTER, JOHN R 330 WHITEHEAD ST KEY WEST FL 33040	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	1ST VICE PRES.	☒ Change ☐ Addition
NAME	TAYLOR, SANDRA		1.2 NAME	KATHY HOUTZ	
STREET ADDRESS	1210 PINE ST		1.3 STREET ADDRESS	15 BOUGAINVILLEA AVE	
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP	KEY WEST, FL	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHELBY, KERRY G		2.2 NAME		
STREET ADDRESS	1611 VON PHISTER ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WORKS, KIM		3.2 NAME		
STREET ADDRESS	820 LOGGERHEAD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERLAND FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ 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	TD	☒ DELETE	5.1 TITLE	ASSIST. TREAS.	☐ Change ☐ Addition
NAME	HOUTZ, KATHRYN E		5.2 NAME	ROGER EMMONS	
STREET ADDRESS	15 BOUGAINVILLEA AVE		5.3 STREET ADDRESS	906 Grinnell ST	
CITY-ST-ZIP	KEY WEST FL		5.4 CITY-ST-ZIP	Key West, FL	
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MATTHEW, HELMERICH		6.2 NAME		
STREET ADDRESS	1218 VARELA ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Kerry Shelby 1/15/99 305-296-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #