

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768160

FILED
Apr 29, 2004
Secretary of State**Entity Name:** TENNESSEE WILLIAMS FINE ARTS CENTER FOUNDERS' SOCIETY, INC.**Current Principal Place of Business:**5901 W. JR. COLLEGE RD
KEY WEST, FL 33040**New Principal Place of Business:****Current Mailing Address:**P O BOX 5137
KEY WEST, FL 33045137 US**New Mailing Address:****FEI Number:** 59-2346182 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THURMAN, KAREN
3990 S. ROOSEVELT BLVD.
KEY WEST, FL 33040 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: WOLMAN, HOWARD
Address: 1509 17TH ST
City-St-Zip: KEY WEST, FL 33040**Title:** PD () Delete
Name: THURMAN, KAREN
Address: 3990 S. ROOSEVELT BLVD.
City-St-Zip: KEY WEST, FL 33040**Title:** ST () Delete
Name: LISTER, SARA
Address: 1126 VON PHISTER ST.
City-St-Zip: KEY WEST, FL 33040**Title:** 2VPD () Delete
Name: GILBERT, CONSTANCE
Address: 1010 WHITEHEAD ST.
City-St-Zip: KEY WEST, FL 33040**Title:** CEOD () Delete
Name: GRANT, VICKI
Address: 626 GRINNELL ST.
City-St-Zip: KEY WEST, FL 33040**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** ST (X) Change () Addition
Name: MEYERS, RICHARD
Address: PO BOX 5137
City-St-Zip: KEY WEST, FL 33045**Title:** 2VPD (X) Change () Addition
Name: GORMAN, JUDITH
Address: PO BOX 5137
City-St-Zip: KEY WEST, FL 33045**Title:** TD (X) Change () Addition
Name: KENDRICK, MELISSA
Address: 200 GREENE STREET
City-St-Zip: KEY WEST, FL 33040**Title:** VD () Change (X) Addition
Name: WOLMAN, HOWARD
Address: PO BOX 5137
City-St-Zip: KEY WEST, FL 33045

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA KENDRICK

TD

04/29/2004

Electronic Signature of Signing Officer or Director

Date