

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768160

FILED
Apr 26, 2008
Secretary of State

Entity Name: TENNESSEE WILLIAMS FINE ARTS CENTER FOUNDERS' SOCIETY, INC.

Current Principal Place of Business:

5901 COLLEGE ROAD
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 (X)

Name and Address of Current Registered Agent:

GREEN, BRYAN
910 WATSON STREET
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: PD () Delete
Name: GREEN, BRYAN
Address: 910 WATSON STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: THURMAN, KAREN
Address: 3990 S. ROOSEVELT BLVD.
City-St-Zip: KEY WEST, FL 33040

Title: SD () Delete
Name: LEIBY, BOB
Address: 737 LOVE LANE
City-St-Zip: KEY WEST, FL 33040

Title: TD () Delete
Name: ARNOW, PETER
Address: 1413 ROSE STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: STAHL, JOYCE
Address: 727 EATON STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: WOLMAN, HOWARD
Address: 1509 17TH STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHIELDS, MICHAEL
Address: 1826 FOGARTY AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change () Addition
Name: GREEN, BRYAN
Address: 910 WATSON STREET.
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL SHIELDS

PRES

04/26/2008

Electronic Signature of Signing Officer or Director

Date