2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State
05-12-2003 90218 005 ****61.25

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DOCUMENT # 768160 (L)

1. Entity Name

TENNESSEE WILLIAMS FINE ARTS CENTER FOUNDERS' SOCIETY, INC.

55047100

[redacted]

☑ CHECK HERE IF MAKING CHANGES

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2346182 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCAUSLAND, KEITH NIKKI 521 GRINNELL ST. KEY WEST FL 33040	Name Karen Thurman Street Address (P.O. Box Number is Not Acceptable) 3990. S. Roosevelt Blvd. City Key West FL Zip Code 33040

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: K Thurman — Karen Thurman — 5/1/03

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP DIRECTOR WOLMAN, HOWARD 1509 17TH ST KEY WEST FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President DIRECTOR Karen Thurman 3990. S. Roosevelt Blvd Key West, FL 33040	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS PARKS, GEORGIA 7 ALLAMANDA TERRACE KEY WEST FL 33040	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treas. Sara Lister 1126 Von Phister St Key West, FL 33040	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THURMAN, KAREN 3990 S. ROOSEVELT BLVD. KEY WEST FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd V P Constance Gilbert DIRECTOR 1010 Whitehead St. Key West, FL 33040	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT LITO, VINCENT 413-B EMMA ST. KEY WEST FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Corresponding Sec. Julia Davis DIRECTOR PO Box 5421 Key West, FL 33045	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD GRANT, VICKI 626 GRINNELL ST. KEY WEST FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCCAUSLAND, KEITH NIKKI 521 GRINNELL ST. KEY WEST FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vicki Grant REVICKI GRANT ED/CEO 5/1/03 305-295-0366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #