

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002691

FILED
May 01, 2006
Secretary of State

Entity Name: ISLAND OPERA THEATRE OF THE FLORIDA KEYS, INC.

Current Principal Place of Business:

16823 EAST POINT DRIVE
SUGARLOAF KEY, FL 33042

New Principal Place of Business:

Current Mailing Address:

16823 EAST POINT DRIVE
SUGARLOAF KEY, FL 33042

New Mailing Address:

FEI Number: 65-1103067 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALTERS, DEAN
16823 EAST POINT DRIVE
SUGARLOAF KEY, FL 33042 US

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: P () Delete
Name: ROUMM, DAVID
Address: 1626 SIRUGO AVE
City-St-Zip: KEY WEST, FL 33040

Title: VP () Delete
Name: GIRARD, JUNE
Address: 1057 BUTTONWOOD
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: S () Delete
Name: BUTLER, VIRGINIA
Address: 22 ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: WEEKLEY, ALTON
Address: 517 ELIZABETH ST
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: THOMAS, JODY
Address: 1105 PETRONIA STREE
City-St-Zip: KEY WEST, FL 33040 US

Title: DS (X) Change () Addition
Name: WALDMAN, AUDREY
Address: 833 EISENHOWER DRIVE #302
City-St-Zip: KEY WEST, FL 33040 US

Title: DP (X) Change () Addition
Name: BUTLER, VIRGINIA
Address: 22 ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: TD (X) Change () Addition
Name: WEEKLEY, ALTON
Address: 517 ELIZABETH ST
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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: ALTON WEEKLEY

TD

05/01/2006

Electronic Signature of Signing Officer or Director

Date