

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002691

FILED
Jan 15, 2007
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 ()

Name and Address of Current Registered Agent:

WALTERS, DEAN
16823 EAST POINT DRIVE
SUGARLOAF KEY, FL 33042 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: DVP () Delete
Name: THOMAS, JODY
Address: 1105 PETRONIA STREE
City-St-Zip: KEY WEST, FL 33040 US

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

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

Title: TD () Delete
Name: WEEKLEY, ALTON
Address: 517 ELIZABETH 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: DS (X) Change () Addition
Name: CARMICHAEL, PAUL
Address: 466 AIRPORT DRIVE SOUTH
City-St-Zip: SUMMERLAND KEY, FL 33042 US

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

Title: TD (X) Change () Addition
Name: BAILEY, LORI
Address: 211 SIMONTON STREET
City-St-Zip: KEY WEST, FL 33040

Title: EXEC () Change (X) Addition
Name: WALTERS, DEAN
Address: 16823 EAST POINT DRIVE
City-St-Zip: SUGARLOAF KEY, FL 33042

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: DEAN WALTERS

EXEC

01/15/2007

Electronic Signature of Signing Officer or Director

Date