

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004680

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: SCULPTURE KEY WEST, INC.

## Current Principal Place of Business:

PO BOX 7  
KEY WEST, FL 33041

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 7  
KEY WEST, FL 33041

## New Mailing Address:

FEI Number: 56-2284638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HENDRICK, JAMES T  
317 WHITEHEAD ST.  
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: C ( ) Delete  
Name: VASEK, VERA A  
Address: 901 FLAGLER AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: C ( ) Delete  
Name: BROMM, HAL  
Address: 727 POORHOUSE LANE  
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Delete  
Name: SCHRECK, CAROL  
Address: 3812 FLAGLER AVE  
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete  
Name: SHELBY, DIANE  
Address: 1611 VON PHISTER ST  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: RACCHI, JIM  
Address: PO BOX 4202  
City-St-Zip: KEY WEST, FL 33041

Title: D ( ) Delete  
Name: CRANE, BOB  
Address: 1507 GRINNELL ST  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change ( ) Addition  
Name: HARRISON, HELEN  
Address: 825 WHITE ST.  
City-St-Zip: KEY WEST, FL 33040

Title: S (X) Change ( ) Addition  
Name: ZOLOTOW, DIANNE  
Address: 708 WILLIAM ST.  
City-St-Zip: KEY WEST, FL 33040

Title: C (X) Change ( ) Addition  
Name: SCHRECK, CAROL  
Address: 3812 FLAGLER AVE  
City-St-Zip: KEY WEST, FL 33040

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

Title: ( ) Change ( ) Addition  
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 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: DIANE SHELBY

T

04/20/2005

Electronic Signature of Signing Officer or Director

Date