

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 01, 2009
Secretary of State**

DOCUMENT# N04000007463

Entity Name: PERFORMING ARTS CENTERS OF KEY WEST, INC.

Current Principal Place of Business:

5901 COLLEGE ROAD
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

5901 COLLEGE ROAD
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-1681971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, FRANK
152 SUGARLOAF 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: D () Delete
Name: CALL, NEIL
Address: 1500 ATLANTIC BLVD
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: WOOD, FRANK
Address: 152 SUGARLOAF DRIVE
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: O () Delete
Name: ROMANO, FRANK
Address: 58 KEY HAVEN ROAD
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: FRANK WOOD

D

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date