

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007463

FILED
Apr 18, 2012
Secretary of State

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:

HIGHSMITH, ROBERT
3158 NORTHSIDE DRIVE
KEY WEST, FL 33040 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: ROBERT HIGHSMITH

04/18/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: CALL, NEIL
Address: 1500 ATLANTIC BLVD
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: HIGHSMITH, ROBERT
Address: 3158 NORTHSIDE DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: O
Name: ANN, REYNOLDS
Address: 56 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: O
Name: BRYAN, GREEN
Address: 910 WATSON STREET
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: THOMAS, CLEMENTS
Address: 1025 FLEMING STREET
City-St-Zip: KEY WEST, FL

Title: D
Name: JEAN, CARPER
Address: 1500 VON PHISTER STREET
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: BRYAN GREEN

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04/18/2012

Electronic Signature of Signing Officer or Director

Date