2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2008
Secretary of State

DOCUMENT# N06000009150

Entity Name: KEYS COMMUNITY SCHOOL OF THE ARTS, INC.

Current Principal Place of Business:

1901 FOGARTY AVENUE
SUITE 1
KEY WEST, FL 33040

New Principal Place of Business:

2 HIBISCUS LANE
KEY WEST, FL 33040

Current Mailing Address:

1901 FOGARTY AVENUE
SUITE 1
KEY WEST, FL 33040

New Mailing Address:

2 HIBISCUS LANE
KEY WEST, FL 33040

FEI Number: 20-5408589 **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:

COVAN, DIANE T
1901 FOGARTY AVENUE
SUITE 1
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: PD ( ) Delete
Name: KAPLAN, ROBIN M
Address: 2 HIBISCUS LANE
City-St-Zip: KEY WEST, FL 33040

Title: VPD ( ) Delete
Name: BRESSACK, ELIZABETH
Address: 2 HIBISCUS LANE
City-St-Zip: KEY WEST, FL 33040

Title: STD ( ) Delete
Name: COVAN, DIANE T
Address: 1901 FOGARTY AVE. #1
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: DIANE TOLBERT COVAN STD 08/05/2008
Electronic Signature of Signing Officer or Director — Date