


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000005935 1. Entity Name THE CEDAR KEY ARTS CENTER, INC.	
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Principal Place of Business 457 SECOND ST CEDAR KEY, FL 32625 US	Mailing Address P.O. BOX 949 CEDAR KEY, FL 32625 US
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01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3293772	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent

WILLIAM, SEFARTH
394 5TH ST.
CEDAR KEY, FL 32625

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEYFARTH, WILLIAM 834 5TH ST. CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRANE, ROBERT B 16851 MARGERIE STR CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEYFARTH, SUSAN 834 5TH ST. CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEINER, MIKE P.O. BOX 614 CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, GEORGE 16750 MARCERY ST. CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITMAN, JOY P O BOX 889 CEDAR KEY, FL 32625

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01/10/05-80093-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert B. Crane, Treasurer 1/10/05 352-543-6352