

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90015 029 ****70.00

DOCUMENT # N94000005935 1. Entity Name THE CEDAR KEY ARTS CENTER, INC.																																																																																																																																																					
Principal Place of Business 457 SECOND ST CEDAR KEY, FL 32625 US			Mailing Address P.O. BOX 949 CEDAR KEY, FL 32625 US																																																																																																																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State																																																																																																																																																			
Zip	Country	Zip	Country	4. FEI Number 59-3293772 ☐ Applied For ☐ Not Applicable																																																																																																																																																	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent SEYFARTH, WILLIAM 384 5TH ST. CEDAR KEY, FL 32625			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																		
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, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																																																	
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">S/D</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>JACKSON, MISSY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. Box 663</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CEDAR KEY, FL 32625</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>KLOCKSIE, PETER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: JANET R. COOK 3/19/08 (352) 493-2940 Date Daytime Phone #																																																																																																																																																					

ATTACHMENT
40049446
#N94000005935

2008 Not-For-Profit Corporation ANNUAL REPORT
attachment page

Document # N94000005935

Entity Name: The Cedar Key Arts Center, Inc.

Business address: 457 Second Street, Cedar Key, FL. 32625

Mailing address: P.O. Box 949, Cedar Key, FL. 32625

Directors

- | | | | |
|--------|--|-------|---|
| 1. V/D | Seyfarth, William
834 -5 th Street
Cedar Key, FL. 32625 | 9. D | Manansala, Debbie (addition)
785 Town Court
Bronson, FL. 32621 |
| 2. T/D | Cook, Janet R.
15007 NW 46 Lane
Chiefland, FL. 32626 | 10. D | Patti, Joyce (addition)
12651 Merle
Cedar Key, FL. 32625 |
| 3. P/D | Ringenberg, Beverly
P.O. Box 748
Cedar Key, FL. 32625 | 11. D | Sakellarios, Carol (addition)
P.O. Box 573
Cedar Key, FL. 32625 |
| 4. D | Benninghoff, Lois
P.O. Box 514
Cedar Key, FL. 32625 | | |
| 5. S/D | Jackson, Missy
P.O. Box 663
Cedar Key, FL. 32625 | | |
| 6. D | Klocksien, Peter
P.O. Box 713
Cedar Key, FL. 32625 | | |
| 7. D | Schwartz, Marsha
12407 Live Oak Drive
Cedar Key, FL. 32625 | | |
| 8. D | Tanck, Donna
16466 NW 130 Street
Williston, FL. 32696 | | |