

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000500

FILED
Mar 24, 2009
Secretary of State

Entity Name: LOWER KEYS ARTISTS NETWORK, INC.

Current Principal Place of Business:

P.O. BOX 430037
BIG PINE KEY, FL 330430037

New Principal Place of Business:

221 KEY DEER BLVD
UNIT 8B
BIG PINE KEY, FL 330430037

Current Mailing Address:

P.O. BOX 430037
BIG PINE KEY, FL 330430037

New Mailing Address:

FEI Number: 65-0508836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FECHER, VALERIE
2291 SAN ROME DR
BIG PINE KEY, FL 33043 US

Name and Address of New Registered Agent:

FECHER, VALERIE
2291 SAN REMO DR
BIG PINE KEY, FL 33043 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: _____

03/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: UPMAL, GALE
Address: 27412 ANGUILA LANE
City-St-Zip: RAMROD KEY, FL 33042

Title: VD () Delete
Name: D'ANTONIO, ROBERT
Address: 3062 POINCIANNA RD
City-St-Zip: BIG PINE KEY, FL 33043

Title: DS (X) Delete
Name: DORSEY, ROBIN
Address: 29111 WATSON BLVD.
City-St-Zip: BIG PINE KEY, FL 33043

Title: TD () Delete
Name: BALDWIN, VEETTA
Address: 569 ALMOND LANE
City-St-Zip: BIG PINE KEY, FL 33043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: THOMAS, SUSAN
Address: 247 LAFITTE ROAD
City-St-Zip: SUMMERLAND KEY, FL 33042

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: GALE UPMAL

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date