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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003820 (5)**

1. Corporation Name

LONGBOAT KEY CULTURAL AND COMMUNITY CENTER, INC.



Principal Place of Business

**540 BAY ISLES RD.
LONGBOAT KEY FL 34228**

Mailing Address

**P.O. BOX 8660
LONGBOAT KEY FL 34228-8660**

3. Date Incorporated or Qualified

07/19/1996

4. FEI Number

65-0704962

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WAGNER, ROBERT T
1522 N LAKESHORE DR
SARASOTA FL 34231**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WAGNER, ROBERT T	
STREET ADDRESS	1522 N LAKESHORE DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POLLOCK, EARL E	
STREET ADDRESS	340 GULF OF MEXICO DR #116	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	METZ, PATRICIA L	
STREET ADDRESS	6700 GULF OF MEXICO DR #114	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SERWATKA, WALTER D	
STREET ADDRESS	3555 MISTLETOE LANE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANK, ANDREA	
STREET ADDRESS	1065 GULF OF MEXICO DR #104	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNTER, RALPH B	
STREET ADDRESS	816 JUNGLE QUEEN WAY	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert T. Wagner* **ROBERT T. WAGNER** 1/21/98 941-383-6456

CR2E037 (10/97)