

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90007 017 ****70.00

DOCUMENT # N96000003820

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/19/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0704962	
24 Country		29 Country		5. Certificate of Status Desired	
				X	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

WAGNER, ROBERT T
1522 N LAKESHORE DR
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WAGNER, ROBERT T	1.2 NAME	
STREET ADDRESS	1522 N LAKESHORE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	POLLOCK, EARL E	2.2 NAME	
STREET ADDRESS	340 GULF OF MEXICO DR #116	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	METZ, PATRICIA L	3.2 NAME	
STREET ADDRESS	6700 GULF OF MEXICO DR #114	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	SERWATKA, WALTER D	4.2 NAME	
STREET ADDRESS	3555 MISTLETOE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	FRANK, ANDREA	5.2 NAME	
STREET ADDRESS	1065 GULF OF MEXICO DR #104	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HUNTER, RALPH B	6.2 NAME	
STREET ADDRESS	816 JUNGLE QUEEN WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	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, with all other like empowered.

SIGNATURE: Robert T. Wagner 7/26/99 941-383-6455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)