


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90059 032 \*\*\*\*61.25

**DOCUMENT # N04000007463**

1. Entry Name  
**PERFORMING ARTS CENTERS OF KEY WEST, INC.**



Principal Place of Business      Mailing Address  
**5901 COLLEGE ROAD**      **5901 COLLEGE ROAD**  
**KEY WEST, FL 33040**      **KEY WEST, FL 33040**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

State, Apt. #, etc.      State, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02272007    Chg-NP      CR2E037 (12/06)



4. FEI Number  
**20-1681971**

Accepted For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

| 6. Name and Address of Current Registered Agent                                    |  | 7. Name and Address of New Registered Agent  |  |
|--|--|--|--|
| <b>WOOD, FRANK</b><br><b>152 SUGARLOAF DRIVE</b><br><b>SUGARLOAF KEY, FL 33042</b> |  | Name<br>Street Address (P.O. Box Number's Not Acceptable)<br>City <b>FL</b> Zip Code |  |

8. The above named entry 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 the Filing Office)      NOTE: Registered Agents provide service when answering      DATE

**Filing Fee is \$61.25 Due by May 1, 2007**      9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**      **Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07 |   |
|---|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>O</b><br><b>BUDINGER, BILL</b><br><b>501 WHITEHEAD STREET</b><br><b>KEY WEST, FL 33040</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP      | <b>O</b><br><b>CALL, NEIL</b><br><b>1500 ATLANTIC BLVD</b><br><b>KEY WEST FL 33040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>D</b><br><b>WOOD, FRANK</b><br><b>152 SUGARLOAF DRIVE</b><br><b>SUGARLOAF KEY, FL 33042</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>O</b><br><b>ROMANO, FRANK</b><br><b>58 KEY HAVEN ROAD</b><br><b>KEY WEST, FL 33040</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Chapter 19, 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, changed, or on an attachment with an address, with a "other" like empowered.

**SIGNATURE:** Frank E Wood      2/28/07      305-296-1520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Calling Phone