

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007463

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC7105644112**

**Entity Name:** PERFORMING ARTS CENTERS OF KEY WEST, INC.

**Current Principal Place of Business:**

5901 COLLEGE ROAD  
KEY WEST, FL 33040

**Current Mailing Address:**

5901 COLLEGE ROAD  
KEY WEST, FL 33040

**FEI Number:** 20-1681971

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HIGHSMITH, ROBERT  
3158 NORTHSIDE DRIVE  
KEY WEST, FL 33040 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name HIGHSMITH, ROBERT  
Address 3158 NORTHSIDE DRIVE  
City-State-Zip: KEY WEST FL 33040

Title O  
Name ANN, REYNOLDS  
Address 56 FRONT STREET  
City-State-Zip: KEY WEST FL 33040

Title O  
Name BRYAN, GREEN  
Address 910 WATSON STREET  
City-State-Zip: KEY WEST FL 33040

Title D  
Name THOMAS, CLEMENTS  
Address 1025 FLEMING STREET  
City-State-Zip: KEY WEST FL

Title D  
Name JEAN, CARPER  
Address 1500 VON PHISTER STREET  
City-State-Zip: KEY WEST FL 33040

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANN REYNOLDS

**EXECUTIVE DIRECTOR**

**04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date