

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007463

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 CALL, NEIL
Address 1500 ATLANTIC BLVD
City-State-Zip: KEY WEST FL 33040

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

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date