

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **702039** (9)

1. Corporation Name
MUSEUM OF FINE ARTS OF ST PETERSBURG, FLORIDA, INC.

Principal Place of Business Mailing Address
255 BEACH DR NE ST PETERSBURG FL 33701-0498

APPROVED AND FILED
95 MAY - 1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/20/1961** 3a. Date of Last Report **02/10/1994**
4. FEI Number **59-0949278** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 194.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**MANN, SAM H JR.
150 2ND AVE N
ST PETERSBURG FL 33713**

10. Name and Address of New Registered Agent
81 Name **Seymour Gordon**
82 Street Address (P.O. Box Number is Not Acceptable) **699 1st Avenue North**
83
84 City **St. Petersburg** FL 85 Zip Code **33731**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 is 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 607.0505, Florida Statutes.

SIGNATURE *Seymour A. Gordon* **Seymour A. Gordon** DATE **4/26/95**

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MANN, SAM H JR.
STREET ADDRESS	150 2ND AVE. N.
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	PD
NAME	MACKEY, CHARLES
STREET ADDRESS	255 BEACH DR NE
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	SD
NAME	SHERMAN, CLEMENTINE J.
STREET ADDRESS	255 BEACH DR NE
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	TD
NAME	PERRY, DR. RICHARD E
STREET ADDRESS	208 - 25TH AVE., N.
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carol Upham
1.3 STREET ADDRESS	7000 Bay Street
1.4 CITY - ST - ZIP	St. Pete Beach FL 33706
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	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Paul Dresselhaus
4.3 STREET ADDRESS	100 2nd Avenue S
4.4 CITY - ST - ZIP	St. Petersburg FL 33701
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	

REMITTED BY COPY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 as an attachment with an address.

SIGNATURE *Michael Milkovich* **Michael Milkovich** DATE **4/14/95** (813)896-2667
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director