## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 702039

MUSEUM OF FINE ARTS OF ST PETERSBURG, FLORIDA, I

Principal Place of Business				
255 BEACH DR NE	BEACH DR NE			
ST DETERSHING EL 33701-0496	ł			

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

255 BEACH DR NE

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

ST PETERSBURG FL 33701-0498

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90019 041 \*\*\*\*61.25



Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

02/20/1961

59-0949278

4. FEI Number

Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be	City & State City & State			tate			5. Certifcate of Status Desired		\$8.75 Additional	
S. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617 0002 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered difficion or registered agent, a manufacture of the provisions of Sections 617 0002 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered difficion or registered agent, a manufacture of the provisions of Sections 617 0002 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered difficion or registered agent, a manufacture of the provisions of Sections 617 0002, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and smilliar with, and accept the obligations of, Section 617 0002, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent, and the provisions of sections of 17,0002, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent ag	23		28						Fee R	equired
9. Name and Address of Current Registered Agent  GORDON, SEYMOUR 699 IST AVE NORTH ST PETERSBURG FL 33713  80	Zip	Country	Zip	Zip Country			6. Election Campaign Financing	П		
GORDON, SEYMOUR 899 1ST AVE NORTH ST PETERSBURG FL 33713  ### City	24	25	25 29 30							to Fees
GORDON, SEYMOUR 699 1ST AVE NORTH ST PETERSBURG FL 33713  44 City		9. Name and Address of Current	Registered Age	ent			10. Name and Address of New	Registered a	Agent	<del></del>
89 1ST AVE NORTH ST PETERSBURG FL 33713  83  44 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 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, in affinilar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME 14. CITY ST. 2P  15. TITLE 15. TITL					81	Name				
89 1ST AVE NORTH ST PETERSBURG FL 33713  83  44 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 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, in affinilar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME 14. CITY ST. 2P  15. TITLE 15. TITL	GORDON SEYMOUR				82	Street Ad	Idress (P.O. Box Number is Not Accep	table)		
ST PETERSBURG FL 33713    83										
### City ### City ### City ### 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 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, and accept the obligations of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent to make agent to am familiar with, and accept the obligations of Sections 617.0502 and accept the obligation of Sections 617.0502 and 610.0502 and 6	-				83					Į
T. 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 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 or both, or the composition of 17.0503, Florida Statutes.  SIGNATURE  Signature, Typical or printed name of ingistered agent and little 2 applicable.  OFFICERS AND DIRECTORS  TZ. OFFICERS AND DIRECTORS  TITLE  TD DELETE  1.1 TITLE  TD DELETE  1.1 STREET ADDRESS  CITY-51-2P  TITLE  PD D DELETE  2.1 TITLE  PMACKEY, CHARLES  ST PETERSBURG FL  1.1 CHTY-51-2P  TITLE  SD DELETE  3.1 TITLE  SD STREET ADDRESS  ST PETERSBURG FL  3.2 TABLE  3.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.2 NAME  1.2 NAME  1.2 NAME  1.2 NAME  1.2 NAME  3.3 STREET ADDRESS  ST PETERSBURG FL  3.4 CHTY-51-2P  TITLE  SD ST PETERSBURG FL  3.4 CHTY-51-2P  TITLE  SD SHERNAN, CLEMENTINE J.  3.3 STREET ADDRESS  ST PETERSBURG FL  3.4 CHTY-51-2P  TITLE  A.2 NAME  3.5 SEACH DR NE  ST PETERSBURG FL  3.4 CHTY-51-2P  TITLE  A.2 NAME  3.5 STREET ADDRESS  ST PETERSBURG FL  3.4 CHTY-51-2P  TITLE  A.2 NAME  3.5 STREET ADDRESS  CITY-51-2P  TITLE  A.2 NAME  3.5 STREET ADDRESS  ST PETERSBURG FL  3.4 CHTY-51-2P  TITLE  A.2 NAME  3.5 STREET ADDRESS  CITY-51-2P  TITLE  A.2 NAME  3.5 STREET ADDRESS  CITY-51-2P  TITLE  A.2 NAME  3.5 STREET ADDRESS  CITY-51-2P  TITLE  A.3 CHTY-51-2P  TITLE  A.4 CHTY-51-2P  TITLE  A.5 NAME  A.5	5, 7 <b>2, 2</b> ,				84	City			R5 Zip	Code
office or registered agent, or both, in the State of Florida, Such change was authorized by the Corporation's Doard of directors. I hereby except the approximation as registered agent, and accept the obligations of, Section 617,5030, Florida's Statute.    Signature   Si						•			1	
12.	office or r	egistered agent, or both, in the State o	of Florida Such d	:handê Was autho	orized DV	the corpora	propration submits this statement for the ation's board of directors. I hereby acceptance	e purpose of pt the appoin	changing it ntment as r	s registered egistered
12.	SIGNATURE						See a se	DATE		
TTILE	42			(NOTE: Reg		t aignature requ	ADDITIONS/CHANGES TO O		D DIRECT	ORS IN 12
NAME   UPHAM, CAROL   12 NAME   13 STREET ADDRESS   7000 BAY STREET   13 STREET ADDRESS   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   15 STREET ADDRESS   15 STR				DELETE						
STREET ADDRESS   TOOD BAY STREET   13 STREET ADDRESS   ST PETERSBURG FL		l '-	•							
ST PETERSBURG FL						ADDDESS				
TITLE						1				
MACKEY,CHARLES   22 NAME   23 STREET ADDRESS   255 BEACH DR NE   23 STREET ADDRESS   24 CITY-ST-ZIP   250				DELETE		1-4IP			□ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE SD NAME SHERMAN, CLEMENTINE J. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			ı	_ DECETE						
CITY-ST-ZIP ST PETERSBURG FL 2.4 CITY-ST-ZIP  TITLE SD DELETE 3.1 TITLE 3.2 NAME  SHERMAN, CLEMENTINE J. 3.2 NAME  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 4.1 TITLE 4.2 NAME  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 4.1 TITLE 4.2 NAME  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 5.1 TITLE 5.3 STREET ADDRESS  CITY-ST-ZIP 5.3 STREET ADDRESS  CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS  CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS  CITY-ST-ZIP 5.3 STREET ADDRESS  CITY-ST-ZIP 5.3 STREET ADDRESS  CITY-ST-ZIP 6.1 TITLE 5.3 STREET ADDRESS  STREET ADDRESS 5.3 STREET ADDRESS  STREET ADDRESS 5.3 STREET ADDRESS  STREET ADDRESS 6.3 STREET ADDRESS  STREET ADDRESS 6.3 STREET ADDRESS  STREET ADDRESS 6.3 STREET ADDRESS  CITY-ST-ZIP 6.4 CITY-ST-ZIP  TITLE 6.3 STREET ADDRESS  CITY-ST-ZIP 6.4 CITY-ST-ZIP  TITLE 6.3 STREET ADDRESS  CITY-ST-ZIP 6.4 CITY-ST-ZIP  TITLE 6.3 STREET ADDRESS  CITY-ST-ZIP 6.4 CITY-ST-ZIP		ASS DEACH DO NO					•			
TITLE   SD	STREET ADDRESS					1				ĺ
NAME				7 DELETE	_	T-ZIP			□ Change	☐ Addition.
STREET ADDRESS   ST. PETERSBURG FL   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP			L	OECE 15	-					
ST PETERSBURG FL   3.4. CITY-ST-ZIP										
TITLE	STREET ADDRESS					1				
NAME		ST PETERSBURG FL		DELETE	_	T-ZIP			Change	Addition
STREET ADDRESS			ı	DECE IE					C Change	
### Addition    CITY-ST-ZIP	NAME									
DELETE	STREET ADDRESS									
NAME  NAME  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  5.4 CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  5.2 NAME  6.2 NAME  5.3 STREET ADDRESS  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP				7 051 575		1-2hP			Change	Addition
STREET ADDRESS  CITY-ST-ZIP  DELETE  6.1 TITLE  NAME  STREET ADDRESS  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 STREET ADDRESS  6.5 STREET ADDRESS  6.6 CITY-ST-ZIP	TITLE		ı	DETE IE		i			[] Change	Addition
5.4 CITY-ST-ZIP     5.4 CITY-ST-ZIP     5.4 CITY-ST-ZIP     Change   Addition   Additi	NAME				•	ADDDCCC				
TITLE   DELETE   6.1 TITLE   Change   Addition   NAME   6.2 NAME   STREET ADDRESS   6.3 STREET ADDRESS   CITY-ST-ZIP   6.4 CITY-ST-ZIP										ļ
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP				T OF FT		1-ZIP			Change	[ ] Addition
STREET ADDRESS  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP	TITLE		ı	T REFEIF					- Circilge	C POUNDII
CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME			i						
U17-51-2P	STREET ADDRESS	1								
	CITY-ST-ZIP		L ALCO CIT			_	- Codice 440.07/2\(0) Florida Statida	I further cor	tifu that tha	information

indicated on this annual report or supplies and 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 ather like empowered.

SIGNATURE: