


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 702039 1. Entity Name MUSEUM OF FINE ARTS OF ST PETERSBURG, FLORIDA, INC.	
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Principal Place of Business 255 BEACH DR NE SAINT PETERSBURG, FL 33701-0498	Mailing Address 255 BEACH DR NE SAINT PETERSBURG, FL 33701-0498
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**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0949278	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, SEYMOUR  
699 1ST AVE NORTH  
ST PETERSBURG, FL 33713

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

100000093762  
03/22/04-80031-014 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UPHAM, CAROL 7000 BAY STREET ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEIHE, STARR C 255 BEACH DR NE ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAVAGE, NEIL 255 BEACH DR. NE. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORDON, SEYMOUR 699 1ST AVE N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Carol A. Uppham **CAROL A. UPPHAM** 3-11-04 (727) 896-2667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #