

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702039

FILED
Apr 20, 2007
Secretary of State

Entity Name: MUSEUM OF FINE ARTS OF ST PETERSBURG, FLORIDA, INC.

Current Principal Place of Business:

255 BEACH DR NE
SAINT PETERSBURG, FL 337010498

New Principal Place of Business:

Current Mailing Address:

255 BEACH DR NE
SAINT PETERSBURG, FL 337010498

New Mailing Address:

FEI Number: 59-0949278 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: UPHAM, CAROL A
Address: 7000 BAY STREET
City-St-Zip: ST PETERSBURG, FL

Title: SD () Delete
Name: WEIHE, STARR C
Address: 255 BEACH DR NE
City-St-Zip: ST PETERSBURG, FL

Title: TD () Delete
Name: SAVAGE, NEIL
Address: 255 BEACH DR. NE.
City-St-Zip: ST. PETERSBURG, FL

Title: VD () Delete
Name: GORDON, SEYMOUR
Address: 699 1ST AVE N.
City-St-Zip: ST. PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: PUTRINO, CARY
Address: 255 BEACH DR. NE.
City-St-Zip: ST. PETERSBURG, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROL A. UPHAM

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date