

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702039

**FILED**  
**Apr 23, 2012**  
**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 ( )

**Name and Address of Current Registered Agent:**

AMLEY, EDWARD  
255 BEACH DRIVE N.E.  
ST PETERSBURG, FL 33701 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  
Name: AMLEY, EDWARD A  
Address: 255 BEACH DRIVE N.E.  
City-St-Zip: ST PETERSBURG, FL 33701

Title: VD  
Name: SHUH, MARY  
Address: 255 BEACH DR NE  
City-St-Zip: ST PETERSBURG, FL 33701

Title: TD  
Name: WELLS, HAROLD  
Address: 255 BEACH DR. NE.  
City-St-Zip: ST. PETERSBURG, FL

Title: SD  
Name: MILLS, HOWARD  
Address: 255 BEACH DRIVE N.E.  
City-St-Zip: ST. PETERSBURG, FL 33701

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: HAROLD WELLS

TREA

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date