## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 702233** 

FILED Jan 22, 2009 Secretary of State

Entity Name: THE HENRY MORRISON FLAGLER MUSEUM

**Current Principal Place of Business: New Principal Place of Business:** ONE WHITEHALL WAY PALM BEACH, FL 33480 **Current Mailing Address: New Mailing Address:** ONE WHITEHALL WAY ONE WHITEHALL WAY PALM BEACH, FL 33480 PALM BEACH, FL 33480 FEI Number: 13-0873838 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MATTHEWS, GEORGE G. MATTHEWS, GEORGE G PRESIDE 1925 N FLAGER DR 1925 N FLAGER DR WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33407 US 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: GEORGE G. MATTHEWS 01/22/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MATTHEWS, GEORGE G. Name: Name: 1925 NORTH FLAGLER DR. Address: Address: City-St-Zip: PALM BEACH, FL City-St-Zip: Title: VD Title: ( ) Delete () Change () Addition HANKE, G. F. ROBERT, Name: Name: Address: 875 5TH AVENUE Address: City-St-Zip: NEW YORK, NY City-St-Zip: Title: () Delete Title: () Change () Addition MATTHEWS, WILLIAM M., Name: Name: 380 N. LAKE WAY Address: Address: City-St-Zip: PALM BCH., FL City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: NEWMAN, JESSE Name: Address: 251 S COUNTRY RD Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition ROGERS, JOHN B., Name: Name: MAIN RD Address: Address: ILSLESBORO, ME 04848 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition KENAN, THOMAS S III Name: Name: Address: 100 EUROPA DRIVE STE 525 Address: CHAPEL HILL, NC 27517 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE G. MATTHEWS PRES 01/22/2009