

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752873

FILED
May 08, 2009
Secretary of State

Entity Name: MIAMI ART MUSEUM OF DADE COUNTY ASSOCIATION, INC.

Current Principal Place of Business:

101 W FLAGLER ST
MIAMI, FL 331301504

New Principal Place of Business:

Current Mailing Address:

101 W FLAGLER ST
MIAMI, FL 331301504

New Mailing Address:

FEI Number: 59-2048869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCGUIGAN, THOMAS R., P.A.
200 S. BISCAYNE BLVD.
SUITE 4000
MIAMI, FL 331312398 US

Name and Address of New Registered Agent:

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
SUITE 1600
MIAMI, FL 33131 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: CAVELL ANDERSON

05/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEYERS, GAIL S
Address: 3515 BAYSHORE VILLAS DRIVE
City-St-Zip: COCONUT, FL 33133

Title: C () Delete
Name: PODHURST, AARON
Address: 10 EDGEWATER DRIVE
City-St-Zip: CORAL GABLES, FL 33133

Title: S () Delete
Name: WEISER, JUDY
Address: 10 EDGEWATER DRIVE, TSK
City-St-Zip: CORAL GABLES, FL 33133

Title: VP () Delete
Name: VENTO, THERESE
Address: 3908 MAIN HWY
City-St-Zip: COCONUT GROVE, FL 33133

Title: T () Delete
Name: DOCKERTY, JAMES M
Address: 1230 CATALONIA AVE
City-St-Zip: CORAL GABLES, FL 33184

Title: VP () Delete
Name: LAWRENCE, DAVID
Address: 2800 TOLEDO STREET, #2
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: TERENCE RILEY

MR

05/08/2009

Electronic Signature of Signing Officer or Director

Date