2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N00000000205

Entity Name: MUSEUM OF LIFESTYLE & FASHION HISTORY, INC.

Current Principal Place of Business:

100 LINTON BLVD
SUITE 134A
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6127
DELRAY BEACH, FL 33482 US

New Mailing Address:

FEI Number: 65-0999010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DURANTE, CHARLOTTE G
4165 NW 10TH STREET
DELRAY BEACH, FL 33445 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:	DURANTE, CHARLOTTE G	
Address:	4165 NW 10 ST	
City-St-Zip:	DELRAY BEACH, FL 33445 US	
Title:	SD	( ) Delete
Name:	STEPHENSON, DINAH	
Address:	4785 TREEFERN DR.	
City-St-Zip:	DELRAY BEACH, FL 33445 US	
Title:	D	( ) Delete
Name:	STEPHENSON, DWIGHT	
Address:	4785 TREEFERN DR	
City-St-Zip:	DELRAY BEACH, FL 33445 US	
Title:	CD	( ) Delete
Name:	CAMPBELL, DOAK III	
Address:	70 SE 4TH AVE	
City-St-Zip:	DELRAY BEACH, FL 33483 US	
Title:	ED	(X) Delete
Name:	RUEGER, BORIS	
Address:	14360 STRATHMORE LN	
City-St-Zip:	DELRAY BEACH, FL 33446 US	
Title:	ED	(X) Delete
Name:	RUEGER, EDITH	
Address:	14360 STRATHMORE LN	
City-St-Zip:	DELRAY BEACH, FL 33446 US	

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:	C	(X) Change ( ) Addition
Name:	CAMPBELL, DOAK III	
Address:	70 SE 4TH AVE	
City-St-Zip:	DELRAY BEACH, FL 33483 US	
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: CHARLOTTE G. DURANTE PD 04/29/2009
Electronic Signature of Signing Officer or Director — Date