

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000205

FILED  
Apr 05, 2011  
Secretary of State

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

**Current Principal Place of Business:**

801 NORTH CONGRESS AVENUE  
SUITE 483  
BOYNTON BEACH, FL 33426 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, LORI J  
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  
Name: DURANTE, LORI J  
Address: 4165 NW 10 ST  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: SD  
Name: DURANTE, KENNETH  
Address: 4165 NW 10TH STREET  
City-St-Zip: DELRAY BEACH, FL 33445 US

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: LORI J. DURANTE

DIR

04/05/2011

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

\_\_\_\_\_  
Date