

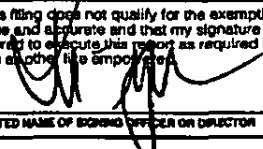


**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90001 042 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N99000003291</b>			
1. Entity Name <b>MUSEUM OF ASIAN ART, INC.</b>			
Principal Place of Business <b>640 S WASHINGTON BLVD SARASOTA, FL 34236</b>		Mailing Address <b>640 S WASHINGTON BLVD SUITE 1209 SARASOTA, FL 34236</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0925253</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent <b>HENNARD, JUDITH MUSEUM OF ASIAN ART 640 S. WASHINGTON BLVD. SARASOTA, FL 34236</b>		7. Name and Address of New Registered Agent Name <b>LOIS BETTEATON</b> Street Address (P.O. Box Number is Not Acceptable) <b>MUSEUM OF ASIAN ART 640 S. WASHINGTON BLVD.</b> City <b>SARASOTA</b> FL Zip Code <b>34236</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
Filing Fee is \$81.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PF WALL-APELT, HELGA DR 1630 HARBOR COY LANE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPT EDLUND, MATTHEW DR 770 SOUTH PALM AVENUE SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIR: DOERR, KENNETH D. P.O. BOX 49948 SARASOTA, FL 342306948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIR: COLSON, FRANK 1666 HILLVIEW SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIR: FALCONE, TONY 220 DAVIS BLVD SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIR: GLUTMAN, HARVEY 888 BLVD OF THE ARTS #301 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another file empowered.			
SIGNATURE: 		Date <b>7-27-2004</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date Daytime Phone #	

66432796



07022004 Chg-NP CR2E037 (10/03)

*Please see attached list*

Attachments  
Doc. # N99000003297



66432796

**2004 - 2005 Board of Directors**

<b><u>President/Chairman</u></b>		<b>Dr. Alfonz Lengyel, RPA</b>	<b>02/01</b>
<b>Dr. Helga Wall-Apelt</b>	<b>01/00</b>	<b>Director of Sino-American</b>	
<b>1630 Harbor Cay Lane</b>		<b>Field of Archaeology</b>	
<b>Longboat Key, FL 34228</b>		<b>4206 73<sup>rd</sup> Terrace East</b>	
<b>Phone/fax: 383-5950</b>		<b>Sarasota, FL 34243</b>	
<b>Cell: 350-9888</b>		<b>Phone/fax: 351-8208</b>	
<b>Email: <u>apeltmedicine@comcast.net</u></b>		<b>Email: <u>fmfsafsa@juno.com</u></b>	

<b><u>Vice President &amp; Treasurer</u></b>		<b>Mr. Sanford Milter</b>	<b>11/00</b>
<b>Dr. Matthew Edlund</b>	<b>01/00</b>	<b>7078 Fairway Bend Circle</b>	
<b>770 South Palm Avenue</b>		<b>Sarasota, FL 34243</b>	
<b>Sarasota, FL 34236</b>		<b>Home: 351-7078</b>	
<b>Office: 365-4308</b>		<b>Email: <u>milter@comcast.net</u></b>	
<b>Fax: 366-1199</b>			

<b>Mrs. Dorothy Stevens</b>	<b>02/01</b>
<b>1301 N. Tamiami Tr. #804</b>	
<b>Sarasota, FL 34236</b>	
<b>Home: 955-7642</b>	

<b><u>Vice Chair</u></b>		<b>Ms. Anne S. Troy</b>	<b>11/00</b>
<b>Tony Falcone</b>	<b>01/00</b>	<b>6291 Buckingham St.</b>	
<b>220 Davis Boulevard</b>		<b>Sarasota, FL 34238</b>	
<b>Sarasota, FL 34237</b>		<b>Home: 921-2844</b>	
<b>Cell: 780-3556</b>		<b>Email: <u>annestroy@aol.com</u></b>	
<b>Email: <u>afalcone7@aol.com</u></b>			

<b>Mr. Frank Colson</b>	<b>01/00</b>
<b>1666 Hillview Street</b>	
<b>Sarasota, FL 34239</b>	
<b>Home: 953-5892</b>	
<b>Cell: 321-0129</b>	
<b>Email: <u>artact@comcast.net</u></b>	

**Hope West**  
**7393 West Country Club Drive**  
**Sarasota, FL 34243**  
**Home: 355-6664**  
**Email: westmail@comcast.net**