

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702045

FILED
Jan 13, 2009
Secretary of State

Entity Name: ORLANDO MUSEUM OF ART, INC.

Current Principal Place of Business:

2416 N. MILLS AVE.
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

2416 N. MILLS AVE.
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-0910352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISEY, MARENA G
2416 N MILLS AVE
ORLANDO, FL 32803 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: S () Delete
Name: HENDRY, ROBERT H
Address: 20 N. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: T () Delete
Name: CALCUTT, ROBERT W
Address: 2416 N. MILLS AVE.
City-St-Zip: ORLANDO, FL 32803

Title: COB () Delete
Name: WARLOW, THOMAS P III
Address: POB 547918
City-St-Zip: ORLANDO, FL 328547918

Title: T () Delete
Name: ROBINSON, JOSEPH D IV
Address: 150 OXFORD RD, PO BOX 300789
City-St-Zip: FERN PARK, FL

Title: D () Delete
Name: MORRISEY, MARENA G
Address: 2416 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: P () Delete
Name: MCWILLIAMS, CURTIS B
Address: 2416 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TREA (X) Change () Addition
Name: KNIPE, PATRICK J
Address: 2416 N. MILLS AVE
City-St-Zip: ORLANDO, FL 32803

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

Title: T (X) Change () Addition
Name: ROBINSON, JOSEPH D IV
Address: 150 OXFORD RD, PO BOX 300789
City-St-Zip: FERN PARK, FL 32730

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: MARENA GRANT MORRISEY

DIR

01/13/2009

Electronic Signature of Signing Officer or Director

Date