

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702289

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** THE MUSEUM OF FLORIDA ART, INC.

**Current Principal Place of Business:**

600 N WOODLAND BLVD  
DELAND, FL 327203447 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 N WOODLAND BLVD  
DELAND, FL 327203347 US

**New Mailing Address:**

**FEI Number:** 59-0678769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COOLIDGE, JENNIFER  
600 N WOODLAND BLVD  
DELAND, FL 32720 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: P ( ) Delete  
Name: SANTILLI, REGGIE  
Address: 1055 S BOSTONS  
City-St-Zip: DELAND, FL 32724

Title: VP ( ) Delete  
Name: PARKE, TEAL  
Address: 2105 N WORDLAND BWD  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: COOLIDGE, JENNIFER  
Address: 600 N WOODLAND BLVD  
City-St-Zip: DELAND, FL 32720

Title: S ( ) Delete  
Name: DORIAN, LINDA  
Address: 11438 SWIFT WATER CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: T ( ) Delete  
Name: THOMPSON, JUDY  
Address: 3427 BLACK WILLOWS TRAIL  
City-St-Zip: DELAND, FL 32724

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TEAL, PARKE S  
Address: 1006 N. WOODLAND BLVD.  
City-St-Zip: DELAND, FL 32720

Title: VP (X) Change ( ) Addition  
Name: DORIAN, LINDA  
Address: 790 ONYX PARKWAY  
City-St-Zip: DELAND, FL 32724

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

Title: S (X) Change ( ) Addition  
Name: ESHLEMAN, PAT  
Address: 1411 WYNGATE DR.  
City-St-Zip: DELAND, FL 32724

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: PARKE S. TEAL

PRES

02/02/2009

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

\_\_\_\_\_  
Date