

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706099

FILED
Jul 06, 2004
Secretary of State**Entity Name:** MUSEUM OF ART, INC.**Current Principal Place of Business:**ONE E LAS OLAS BLVD
FT LAUDERDALE, FL 33301**New Principal Place of Business:****Current Mailing Address:**ONE E LAS OLAS BLVD
FT LAUDERDALE, FL 33301**New Mailing Address:****FEI Number:** 59-6033555**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GARDNER, R M
GUNSTER, YOAKLEY, ET AL
500 E. BROWARD BLVD., #1400
FT. LAUDERDALE, FL 33394 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: T () Delete
Name: JACOBSON, RICHARD
Address: 2700 S. COMMERCE PKWY, #300
City-St-Zip: WESTON, FL 33331

Title: SD () Delete
Name: BUNNELL, GEORGE
Address: 888 E LAS OLAS BLVD #400
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VPD () Delete
Name: DUVALL, M. WALKER
Address: 350 E LAS OLAS BLVD
City-St-Zip: FT LAUDERDALE, FL 33301

Title: PD () Delete
Name: DILL, LOUISE
Address: 1100 E LAS OLAS BLVD
City-St-Zip: FT.LAUDERDALE, FL 33301

Title: VPD () Delete
Name: EAGON, DOUGLAS P
Address: 300 SE 2ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VPD (X) Delete
Name: HILKER, DONALD
Address: 77 S BIRCH RD APT 3-C
City-St-Zip: FORT LAUDERDALE, FL 33316

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: D (X) Change () Addition
Name: LIPPMAN, IRVIN
Address: ONE EAST LAS OLAS BLVD
City-St-Zip: FT.LAUDERDALE, FL 33301

Title: PD (X) Change () Addition
Name: EAGON, DOUGLAS P
Address: 300 SE 2ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IRVIN LIPPMAN

D

07/06/2004

Electronic Signature of Signing Officer or Director

Date