

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 712163**

1. Entity Name

PENSACOLA MUSEUM OF ART, INC.**FILED**
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90061 029 ****70.00

Principal Place of Business

Mailing Address

**407 SOUTH JEFFERSON STREET
PENSACOLA FL 32501****407 SOUTH JEFFERSON STREET
PENSACOLA FL 32501**

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

59-0785780

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARTINGTON, BRUCE D
1701 E. LARUA ST
PENSACOLA FL 32501**Name **LORREN, MARGARET N.**
Street Address (P.O. Box Number is Not Acceptable)
3438 CHANTARENE DRCity **PENSACOLA** **FL** Zip Code **32507**

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.

SIGNATURE *Margaret N. Lorren* **Margaret N. Lorren, President** **April 17, 2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEI LORREN, MARGARET N 3438 CHANTARENE DR PENSACOLA FL 32507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOULTON, WRIGHT 4110 STRINGFIELD RD PENSACOLA FL 32503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PARTINGTON, BRUCE 1701 E LARUA ST PENSACOLA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JIPSON, JAMES 1430 E. LAKEVIEW AVE. PENSACOLA FL 32503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT RODGERS, M. CASEY 635 BONILACE CIRCLE GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LORREN, MARGARET N. 3438 CHANTARENE DR PENSACOLA FL 32507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT MERRILL, BURNEY H 7400 SHADOW LN PENSACOLA FL 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-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 all other like empowered.

SIGNATURE: *Margaret N. Lorren* **MARGARET N LORREN, PRESIDENT** **4-17-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)