

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712163

FILED  
May 01, 2009  
Secretary of State

Entity Name: PENSACOLA MUSEUM OF ART, INC.

**Current Principal Place of Business:**

407 SOUTH JEFFERSON STREET  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

407 SOUTH JEFFERSON STREET  
PENSACOLA, FL 32502

**New Mailing Address:**

FEI Number: 59-0785780      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

NICKELSEN, ERIC  
226 S. PALATOX ST  
6TH FLOOR  
PENSACOLA, FL 32502 US

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

BEAR, DAVID M MR.  
6120 ENTERPRISE DRIVE  
PENSACOLA, FL 32505 US

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: DAVID M. BEAR

05/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: MOULTON, WRIGHT  
Address: 1400 E LAKEVIEW AVE.  
City-St-Zip: PENSACOLA, FL 32503

Title: TT ( ) Delete  
Name: BRANTLEY, SHAWN  
Address: 100 S. SPRING ST  
City-St-Zip: PENSACOLA, FL 32501

Title: P ( ) Delete  
Name: NICKELSON, ERIC  
Address: 85 SHORELINE DR  
City-St-Zip: GULF BREEZE, FL 32561

Title: PP ( ) Delete  
Name: OWENS, THOMAS F  
Address: 1901 E. GADSDEN ST  
City-St-Zip: PENSACOLA, FL 32501

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

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

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

Title: P (X) Change ( ) Addition  
Name: BEAR, DAVID M  
Address: 6120 ENTERPRISE DRIVE  
City-St-Zip: PENSACOLA, FL 32505

Title: PP (X) Change ( ) Addition  
Name: NICKELSEN, ERIC  
Address: 85 SHORELINE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

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: DAVID M. BEAR

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date