

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

03-21-2003 90073 036 ****70.00

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DOCUMENT # 712163

1. Entity Name

PENSACOLA MUSEUM OF ART, INC.



Principal Place of Business
**407 SOUTH JEFFERSON STREET
PENSACOLA FL 32501**

Mailing Address
**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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LORREN, MARGARET N
3438 CHANTARENE DR
PENSACOLA FL 32507**

Name **JAMES W JIPSON**
Street Address (P.O. Box Number is Not Acceptable)
1430 E LAKEVIEW AVE
City **PENSACOLA** FL **FL** Zip Code **32503**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

JAMES JIPSON, PRESIDENT

3.8.2003

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PE** ☒ Delete
NAME **LORREN, MARGARET N**
STREET ADDRESS **3438 CHANTARENE DR**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **MOULTON, WRIGHT**
STREET ADDRESS **4110 STRINGFIELD RD**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PT** ☒ Delete
NAME **PARTINGTON, BRUCE**
STREET ADDRESS **1701 E LARUA ST**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MT** ☐ Delete
NAME **JIPSON, JAMES**
STREET ADDRESS **1430 E LAKEVIEW AVE.**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **PRESIDENT / T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TT** ☐ Delete
NAME **MERRILL, BURNEY H**
STREET ADDRESS **7400 SHADOW LN**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **PRESIDENT ELECT / T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT / TREASURER / T** ☐ Change ☒ Addition
NAME **JUSTINE SIMONI ***
STREET ADDRESS **1812 YATES AVE**
CITY-ST-ZIP **PENSACOLA FL 32503**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.8.2003

Date

Daytime Phone #

CR2E037 (10/02)