2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726878

Address:

City-St-Zip:

6574 GRANDE ORCHID WAY

DELRAY BEACH, FL 33446

Entity Name: BOCA RATON MUSEUM OF ART, INC.

FILED Apr 29, 2004 Secretary of State

Current Pri	incipal Place of Business:	New Princ	ipal Place of Business:
501 PLAZA	•		
Current Mailing Address:		New Mailing Address:	
501 PLAZA BOCA RAT	REAL ON, FL 33432		
FEI Number:	59-6019851 FEI Number Applied For () FEI Nu	ımber Not Appl	cable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
BOLGE, GE 501 PLAZA BOCA RAT			
The above in the State	named entity submits this statement for the purpose of Florida.	of changing it	s registered office or registered agent, or both,
SIGNATUR	RE:		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	VP/D () Delete BORROW, J 2310 W. SILVER PALM ROAD BOCA RATON, FL 33432	Title: Name: Address: City-St-Zip:	T (X) Change () Addition BORROW, J 2310 W. SILVER PALM ROAD BOCA RATON, FL 33432
Title: Name: Address: City-St-Zip:	VP/D () Delete FRIEDMAN, ISADORE 4301 N. OCEAN BLVD. #1505A BOCA RATON, FL 33431	Title: Name: Address: City-St-Zip:	P (X) Change () Addition FRIEDMAN, ISADORE 4301 N. OCEAN BLVD. #1505A BOCA RATON, FL 33431
Title: Name: Address: City-St-Zip:	T/D () Delete WOLGIN, WILLIAM DR. 7383 ORANGEWOOD LANE #603 BOCA RATON, FL 33433	Title: Name: Address: City-St-Zip:	VP/D (X) Change () Addition WOLGIN, WILLIAM DR. 7383 ORANGEWOOD LANE # 603 BOCA RATON, FL 33433
Title: Name: Address: City-St-Zip:	P () Delete RUBIN, PHYLLIS 17096 DARLINGTON COURT BOCA RATON, FL 33496	Title: Name: Address: City-St-Zip:	VP/D (X) Change () Addition PERPER, HAROLD 331 MIZNER LAKE ESTATES DR. BOCA RATON, FL 33432
Name: Address:	RUBIN, PHYLLIS 17096 DARLINGTON COURT	Name: Address:	PERPER, HAROLD 331 MIZNER LAKE ESTATES DR.

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.

Address:

City-St-Zip:

6574 GRANDE ORCHID WAY

DELRAY BEACH, FL 33446

SIGNATURE: ISADORE FRIEDMAN P 04/29/2004