

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726878

FILED  
Jan 23, 2008  
Secretary of State

Entity Name: BOCA RATON MUSEUM OF ART, INC.

**Current Principal Place of Business:**

501 PLAZA REAL  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

501 PLAZA REAL  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 59-6019851

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOLGE, GEORGE S  
501 PLAZA REAL  
BOCA RATON, FL 33432 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: PRES ( ) Delete  
Name: GORA, MICHAEL H MR.  
Address: 7563 IMPERIAL DRIVE #D502  
City-St-Zip: BOCA RATON, FL 33433

Title: VP ( ) Delete  
Name: COOPER, KEVIN L MR.  
Address: 898 PONCE DE LEON ROAD  
City-St-Zip: BOCA RATON, FL 33432

Title: VP ( ) Delete  
Name: FLAUM, STUART MR.  
Address: 7212 QUEENFERRY CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

Title: VP ( ) Delete  
Name: POLOKOFF, EDWIN MR.  
Address: 750 S. OCEAN BLVD. #4-S  
City-St-Zip: BOCA RATON, FL 33432

Title: TREA ( ) Delete  
Name: CARMAN, PAUL MR.  
Address: 847 FORSYTH STREET  
City-St-Zip: BOCA RATON, FL 33434

Title: SEC ( ) Delete  
Name: ALROD, DOREEN MRS.  
Address: 2717 N. OCEAN BLVD. APR TH-4  
City-St-Zip: BOCA RATON, FL 33431

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

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

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

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: GEORGE S BOLGE

RA

01/23/2008

Electronic Signature of Signing Officer or Director

Date