

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90174 029 ****70.00

DOCUMENT # 738817 1. Entity Name FLORIDA ART MUSEUM DIRECTORS ASSOCIATION, INC.					
Principal Place of Business 1937 OLD DIXIE HIGHWAY STE 4 VERO BEACH, FL 32960 US			Mailing Address P.O. BOX 2044 VERO BEACH, FL 32961 US		
2. Principal Place of Business 2145 14th Ave.		3. Mailing Address 			
Suite, Apt. #, etc. 24A		Suite, Apt. #, etc. 			
City & State Vero Beach		City & State 			
Zip 32960		Country Indian River		Zip 	
Country 		Country 			
6. Name and Address of Current Registered Agent MEYERS, RUTH A 1937 OLD DIXIE HWY STE 4 VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name 		
			Street Address (P.O. Box Number is Not Acceptable) 2145 14th Ave.		
			Suite 24 A		
			City Vero Beach		FL Zip Code 32960
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 <u><i>Ruth A. Meyers</i></u> Ruth A. Meyers, Coordinator <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	SD STETSON, DANIEL <input type="checkbox"/> Delete 800 EAST PALMETTO STR LAKELAND, FL 33801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MINOR, RENA <input checked="" type="checkbox"/> Delete 350 S DUVAL STREET TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLLINS, KEN <input type="checkbox"/> Delete 12211 WALSINGHAM ROAD LARGO, FL 33778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DURSUM, BRIAN <input type="checkbox"/> Delete 1301 STANFORD DR CORAL GABLES, FL 33129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLADES, JOHN <input type="checkbox"/> Delete ONE WHITEHALL WAY PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN DE GUCHTE, MAARTEN <input type="checkbox"/> Delete 824 RIVERSIDE AVENUE JACKSONVILLE, FL 32204		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: <u><i>Brian A Dursum</i></u> Brian A Dursum <u>4/29/05</u> <u>(305) 289-3414</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					