

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738817

FILED
May 01, 2007
Secretary of State

Entity Name: FLORIDA ART MUSEUM DIRECTORS ASSOCIATION, INC.

Current Principal Place of Business:

459 CEDAR HILL ROAD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

459 CEDAR HILL ROAD
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-1770957 **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:

HORTON, MALINDA J
459 CEDAR HILL ROAD
TALLAHASSEE, FL 32312 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: SD () Delete
Name: STETSON, DANIEL
Address: 800 EAST PALMETTO STR
City-St-Zip: LAKE LAND, FL 33801

Title: D () Delete
Name: ROLLINS, KEN
Address: 12211 WALSHINGHAM ROAD
City-St-Zip: LARGO, FL 33778

Title: TD () Delete
Name: DURSOM, BRIAN
Address: 1301 STANFORD DR
City-St-Zip: CORAL GABLES, FL 33129

Title: PD () Delete
Name: BLADES, JOHN
Address: ONE WHITEHALL WAY
City-St-Zip: PALM BEACH, FL 33480

Title: VD () Delete
Name: VAN DE GUCHTE, MAARTEN
Address: 824 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ROLLINS, KEN
Address: 600 NORTH ASHLEY DRIVE
City-St-Zip: TAMPA, FL 33602

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: JOHN BLADES

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date