

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738817

**FILED**  
**Apr 22, 2010**  
**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 ( )**

**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: PD  
Name: STETSON, DANIEL  
Address: 800 EAST PALMETTO STR  
City-St-Zip: LAKELAND, FL 33801

Title: VPD  
Name: NAGY, REBECCA  
Address: PO BOX 112700  
City-St-Zip: GAINESVILLE, FL 32611

Title: STD  
Name: ATHERHOLT, WAYNE  
Address: 352 S NOVA ROAD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: PPD  
Name: BLADES, JOHN  
Address: ONE WHITEHALL WAY  
City-St-Zip: PALM BEACH, FL 33480

I hereby 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 all other like empowered.

SIGNATURE: DANIEL STETSON

PD

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date