

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 07, 2007  
Secretary of State**

DOCUMENT# 744961

Entity Name: VERO BEACH MUSEUM OF ART, INC.

**Current Principal Place of Business:**

3001 RIVERSIDE PARK DRIVE  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

3001 RIVERSIDE PARK DRIVE  
VERO BEACH, FL 32963

**New Mailing Address:**

FEI Number: 59-1867408      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

EVANS, RALPH L.  
3355 OCEAN DRIVE  
VERO BEACH, FL 32963      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: C      ( ) Delete  
Name: MCDERMOTT, RICHARD D  
Address: 700 BEACHLAND BOULEVARD  
City-St-Zip: VERO BEACH, FL 32963

Title: VC      ( ) Delete  
Name: BECKER, PAUL A  
Address: 111 DOVE PLUM RD.  
City-St-Zip: VERO BEACH, FL 32963

Title: T      ( ) Delete  
Name: MICHAEL, EDWARD A  
Address: 2506 OCEAN DR.  
City-St-Zip: VERO BEACH, FL 32963

Title: S      ( ) Delete  
Name: STIFEL, HENRY G  
Address: 227 ISLAND CREEK DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: ED      ( ) Delete  
Name: LUCINDA, GEDEON  
Address: 921 OYSTER SHELL LANE  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C      (X) Change ( ) Addition  
Name: BECKER, PAUL A  
Address: 111 DOVE PLUM ROAD  
City-St-Zip: VERO BEACH, FL 32963

Title: VC      (X) Change ( ) Addition  
Name: RITTER, ROBERT F  
Address: 11 GEM ISLAND DRIVE  
City-St-Zip: VERO BEACH, FL 32963

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 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: LUCINDA GEDEON

ED

02/07/2007

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

\_\_\_\_\_  
Date