

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744961

FILED
Apr 17, 2009
Secretary of State

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: BECKER, PAUL A
Address: 111 DOVE PLUM ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: VC () Delete
Name: RITTER, ROBERT F
Address: 11 GEM ISLAND DRIVE
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: MICHAEL, EDWARD A
Address: 2506 OCEAN DRIVE
City-St-Zip: VERO BEACH, FL 32963

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

Title: T (X) Change () Addition
Name: HART, JAY W
Address: 2800 INDIAN RIVER BLVD
City-St-Zip: VERO BEACH, FL 32960

Title: S (X) Change () Addition
Name: STOTT, ROBERT L JR.
Address: 129 ISLAND CREEK DRIVE
City-St-Zip: VERO BEACH, FL 32963

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

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: LUCINDA GEDEON

ED

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date