## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#746085** 

FILED Feb 28, 2006 Secretary of State

Entity Name: GULF COAST MUSEUM OF ART, INC.

Current Principal Place of Business: New Principal Place of Business:

12211 WALSINGHAM ROAD LARGO, FL 33778 US

Current Mailing Address: New Mailing Address:

12211 WALSINGHAM ROAD LARGO, FL 33778 US

FEI Number: 59-0624400 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ROLLINS, KEN
12211 WALSINGHAM ROAD
LARGO, FL 33778 US

TURMAN, MICHELLE
12211 WALSINGHAM ROAD
LARGO, FL 33778 US

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: MICHELLE TURMAN 02/28/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT ()Delete Title: ()Change ()Addition

 Name:
 SCHMITZ, ERIC
 Name:

 Address:
 213 POINCIANA LANE
 Address:

 City-St-Zip:
 LARGO, FL 33770 US
 City-St-Zip:

Title: TT () Delete Title: () Change () Addition

 Name:
 ALTHOFF, STEVE
 Name:

 Address:
 5858 CENTRAL AVENUE
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33707 US
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 ROLLINS, KEN
 Name:
 TURMAN, MICHELLE

 Address:
 12211 WALSINGHAM ROAD
 Address:
 12211 WALSINGHAM ROAD

 City-St-Zip:
 LARGO, FL 33778 US
 City-St-Zip:
 LARGO, FL 33778 US

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 FISHMAN, JANET
 Name:
 BARSHEL, DAVID

 Address:
 18 AMBLESIDE DRIVE
 Address:
 8558 EGRET LANE

 City-St-Zip:
 BELLEAIR, FL 33756 US
 City-St-Zip:
 SEMINOLE, FL 33776 US

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: MICHELLE TURMAN ED 02/28/2006