


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 746085 1. Entity Name GULF COAST MUSEUM OF ART, INC.	
--	---

Principal Place of Business 12211 WALSINGHAM ROAD LARGO, FL 33778 US	Mailing Address 12211 WALSINGHAM ROAD LARGO, FL 33778 US
--	--



04222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0624400	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent TURMAN, MICHELLE 12211 WALSINGHAM ROAD LARGO, FL 33778

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PET SIETSMA, DAVID 2111 DREW STREET CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT BARSHEL, DAVID 525 INDIAN ROCKS BELLEAIR BLUFFS, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURMAN, MICHELLE 12211 WALSINGHAM ROAD LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BATES, LONDON 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000930132 05/21/08-80096-011 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

Date

Daytime Phone #