## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 10, 2006 8:00 am Secretary of State **DOCUMENT # 749817** 02-10-2006 90061 001 \*\*\*122.50 1. Entity Name ORLANDO MUSEUM OF ART FOUNDATION, INC. Principal Place of Business Mailing Address ORLANDO MUSEUM OF ART 2416 NORTH MILLS AVENUE ORLANDO FL 32803 ORLANDO MUSEUM OF ART 2416 NORTH MILLS AVENUE ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-0910352 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORRISEY, MARENA G Street Address (P.O. Box Number is Not Acceptable) 2416 N MILLS AVE ORLANDO FL 32803 Zip Code 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) FILE NOW: FEE IS \$61,25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State Marie Marie Marie 34 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition HENDRY, ROBERT H NAME NAME 20 N. ORANGE AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-2IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition MORRISEY, MARENA G. NAME NAME 2416 N. MILLS AVE. STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP COB Change Addition TITLE ☐ Delete TITLE NAME KANTOR, HAL NAME STREET ADDRESS 215 N EOLA DR STREET ADDRESS ORLANDO FL 32802 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition ROBINSON, JOSEPH D IV STREET ADDRESS 150 OXFORD RD, P O BOX 300789 STREET ADDRESS CITY-ST-ZIP FERN PARK FL CITY-ST-ZIP ☐ Defete ☐ Addition TITLE ☐ Change CALCUTT, ROBERT W NAME 2416 N. MILLS AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-782 TITLE ☐ Delete TITLE ☐ Change Addition WARLOW, THOMAS P III NAME NAME STREET ADDRESS PO BOX 547918 STREET ADDRESS ORLANDO FL 32854-7918 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 chapter is the production of the corporation of 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

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