

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90142 001 \*\*\*122.50

**DOCUMENT # 749817**

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



1st MOORE

CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0910352

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISEY, MARENA G  
2416 N MILLS AVE  
ORLANDO FL 32803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check-Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete  
NAME HENDRY, ROBERT H  
STREET ADDRESS 20 N. ORANGE AVE  
CITY ST ZIP ORLANDO FL 32801

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

D ☐ Delete  
NAME MORRISEY, MARENA G.  
STREET ADDRESS 2416 N. MILLS AVE.  
CITY ST ZIP ORLANDO FL

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

COB ☐ Delete  
NAME KANTOR, HAL  
STREET ADDRESS 215 N EOLA DR  
CITY ST ZIP ORLANDO FL 32802

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

T ☐ Delete  
NAME ROBINSON, JOSEPH D IV  
STREET ADDRESS 150 OXFORD RD, P O BOX 300789  
CITY ST ZIP FERN PARK FL

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

T ☐ Delete  
NAME CALCUTT, ROBERT W  
STREET ADDRESS 2416 N. MILLS AVE  
CITY ST ZIP ORLANDO FL 32803

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

P ☐ Delete  
NAME WARLOW, THOMAS P III  
STREET ADDRESS PO BOX 547918  
CITY ST ZIP ORLANDO FL 32854-7918

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Marena Grant Morrisey*  
MARENA GRANT MORRISEY

1/19/07

Date

Daytime Phone #

407-8964731