

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90088 001 ***140.00

DOCUMENT # 749817

1. Entity Name
ORLANDO MUSEUM OF ART FOUNDATION, INC.



Principal Place of Business
**ORLANDO MUSEUM OF ART
2416 NORTH MILLS AVENUE
ORLANDO, FL 32803**

Mailing Address
**ORLANDO MUSEUM OF ART
2416 NORTH MILLS AVENUE
ORLANDO, FL 32803**

66000718



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

-Zip

Country

Zip

Country

01212008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-0910352

Applied For
Not Applicable

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

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

TITLE **S** ☒ Change ☐ Addition
NAME **HENDRY, ROBERT H**
STREET ADDRESS **20 N ORANGE AVE**
CITY-ST-ZIP **ORLANDO, FL 32801**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **COB** ☒ Delete
NAME **KANTOR, HAL**
STREET ADDRESS **215 N EOLA DR**
CITY-ST-ZIP **ORLANDO, FL 32802**

TITLE **COB** ☒ Change ☐ Addition
NAME **WARLOW, THOMAS P III**
STREET ADDRESS **PO BOX 547918**
CITY-ST-ZIP **ORLANDO, FL 32854-7918**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **WARLOW, THOMAS P III**
STREET ADDRESS **PO BOX 547918**
CITY-ST-ZIP **ORLANDO, FL 328547918**

TITLE **P** ☒ Change ☐ Addition
NAME **McWilliams, CURTIS B**
STREET ADDRESS **2416 N. MILLS AVE**
CITY-ST-ZIP **ORLANDO, FL 32803**

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:

E.T.M. Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08
Date

(407) 896-4031
Daytime Phone #

MARENA GRANT MORRISEY
MARENA GRANT MORRISEY 1/31/08