

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750600

FILED
May 15, 2008
Secretary of State

Entity Name: FRIENDS OF THE BASS MUSEUM, INC.

Current Principal Place of Business:

2121 PARK AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

2121 PARK AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-2017511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMBER, DIANE W ED
2121 PARK AVENUE
MIAMI BCH, FL 33139 US

Name and Address of New Registered Agent:

FARMER, GARY ED
2121 PARK AVENUE
MIAMI BCH, FL 33139 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: GARY FARMER

05/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THI-NGA, PRINCESS
Address: 4775 COLLINS AVENUE #3803
City-St-Zip: MIAMI BEACH, FL 33140

Title: TRE () Delete
Name: MILLER, LEONARD
Address: 23 INDIAN CREEK ISLE
City-St-Zip: INDIAN CREEK VILLAGE, FL 33154

Title: VD () Delete
Name: JAFFE, NORMAN S MD
Address: 6000 ISLAND BLVD #2906
City-St-Zip: AVENTURA, FL 33160

Title: VD () Delete
Name: HECHT, FLORENCE
Address: THREE GROVE ISLE #1401
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD (X) Delete
Name: KAISER, JOYCE
Address: 2 GROVE ISLE DR #1809
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: KAISER, JOYCE
Address: 2 GROVE ISLE #1809
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: TRE (X) Change () Addition
Name: MILLER, LEONARD
Address: 23 INDIAN CREEK ISLE
City-St-Zip: INDIAN CREEK VILLAGE, FL 33154 US

Title: SEC (X) Change () Addition
Name: HECHT, FLORENCE
Address: 3 GROVE ISLE #1401
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GARY FARMER

ED

05/15/2008

Electronic Signature of Signing Officer or Director

Date