2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 759684

1. Entity Name
MUSEUM OF CONTEMPORARY ART, INC.

Principal Place of Business	Mailing Address
770 NE 125TH ST. NORTH MIAMI, FL 33161-5654	770 NE 125TH ST. NORTH MIAMI, FL 33161-5654

DO NOT WRITE IN THIS SPACE

01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2085261
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMKINS, ANNA MS
3640 YACHT CLUB DR #1702
AVENTUTRA, FL 33180

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000195646
01/26/05-80036-012 70.00

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BIRBRAGHER, FRANCINE
STREET ADDRESS	7000 ISLAND BLVD #2302
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	T
NAME	BROWN, JACQUELYN
STREET ADDRESS	25 PELICAN DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	T
NAME	BRAMAN, IRMA
STREET ADDRESS	ONE INDIAN CREEK ISLAND
CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	D
NAME	CLEARWATER, BONNIE
STREET ADDRESS	770 NE 125TH STREET
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	T
NAME	SIMKINS, ANNA
STREET ADDRESS	3640 YACHT CLUB DRIVE # 1702
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	T
NAME	ANDERSON, SHELDON
STREET ADDRESS	700 BRICKELL AVE, 4 FL
CITY-ST-ZIP	MIAMI, FL 33131

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date 1/19/05 Daytime Phone # 305 893 6021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR