

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759684

FILED  
Jan 16, 2007  
Secretary of State

Entity Name: MUSEUM OF CONTEMPORARY ART, INC.

## Current Principal Place of Business:

770 NE 125TH ST.  
NORTH MIAMI, FL 331615654

## New Principal Place of Business:

## Current Mailing Address:

770 NE 125TH ST.  
NORTH MIAMI, FL 331615654

## New Mailing Address:

FEI Number: 59-2085261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, SHELDON MR.  
700 BRICKELL AVE, 4 FL  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

ANDERSON, SHELDON MR.  
700 BRICKELL AVE, 3 FL  
MIAMI, FL 33131 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:

01/16/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: BIRBRAGHER, FRANCINE  
Address: 7000 ISLAND BLVD #2302  
City-St-Zip: AVENTURA, FL 33160

Title: T ( ) Delete  
Name: KLEIN, JACQUELYN MS.  
Address: 25 PELICAN DR  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T ( ) Delete  
Name: BRAMAN, IRMA  
Address: ONE INDIAN CREEK ISLAND  
City-St-Zip: MIAMI BEACH, FL 33154

Title: D ( ) Delete  
Name: CLEARWATER, BONNIE  
Address: 770 NE 125TH STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: T ( ) Delete  
Name: NASH, CYNTHIA MRS.  
Address: 1433 W. 22 STREET  
City-St-Zip: MIAMI BEACH, FL 33140

Title: T ( ) Delete  
Name: ANDERSON, SHELDON  
Address: 700 BRICKELL AVE, 4 FL  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: BONNIE CLEARWATER

D

01/16/2007

Electronic Signature of Signing Officer or Director

Date