

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000344

FILED
May 04, 2009
Secretary of State

Entity Name: FRIENDS OF THE MENNELLO MUSEUM OF AMERICAN ART, INC.

Current Principal Place of Business:

900 E PRINCETON STREET
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

900 E PRINCETON STREET
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3618760 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

HOCTOR, JAMES J
215 N EOLA DRIVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREEN, JOYCE
Address: 900 E PRINCETON STREET
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: MENNELLO, MICHAEL
Address: 900 E. PRINCETON ST.
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: GREY, ANTHONY
Address: 900 E. PRINCETON CT
City-St-Zip: ORLANDO, FL 32803

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RIGSBY, JOHN
Address: 900 E PRINCETON STREET
City-St-Zip: ORLANDO, FL 32803

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

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

Title: D () Change (X) Addition
Name: CROSS, DAVID
Address: 900 E PRINCETON STREET
City-St-Zip: ORLANDO, FL 32803

Title: D () Change (X) Addition
Name: GALL, SUSAN
Address: 900 E PRINCETON ST
City-St-Zip: ORLANDO, FL 32803

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: MICHAEL MENNELLO

D

05/04/2009

Electronic Signature of Signing Officer or Director

Date