

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90207 001 ****61.25

DOCUMENT # N00000000344			
1. Entity Name MENNELLO MUSEUM OF AMERICAN FOLK ART FRIENDS, IN C.			
Principal Place of Business 900 E PRINCETON STREET ORLANDO FL 32803		Mailing Address 900 E PRINCETON STREET ORLANDO FL 32803	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3596303		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOCTOR, JAMES J 215 N EOLA DRIVE ORLANDO FL 32801		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURNE, ROBERT A 450 S ORANGE AVE ORLANDO FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED SCHEDULE "A"
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPIN, LINDA 2022 HOFFNER AVENUE ORLANDO FL 32812 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNELL, CAROLYN 900 E PRINCETON ST ORLANDO FL 32803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON LEE, CHERYL 133 S SEMORAN BLVD. ORLANDO FL 32807 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIPP, MICHELLE 1109 EDWARDS LANE ORLANDO FL 32804 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOCTOR, JAMES 215 N EOLA DRIVE ORLANDO FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James J. Hactor* **REQUIRED** **James J. Hactor** (407) 843-4600

CR2E037 (10/02)

Attachment

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11000000344

SCHEDULE "A"

**OFFICERS AND DIRECTORS
MENNELLO MUSEUM OF AMERICAN FOLK ART FRIENDS, INC.**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bonk, David 208 Sweetwater Cove Blvd. N. Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bourne, Robert A. 450 S. Orange Avenue Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Chapin, Linda 2022 Hoffner Avenue Belle Isle, FL 32812
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Christiansen, Patrick T. 255 South Orange Avenue Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Daly, Nancy 801 Halifax Avenue Winter Park, Florida 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Fender, George 1836 Woodward Street Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Green, Joyce 9200 Point Cypress Drive Orlando, Florida 32836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Grey, Anthony 1500 Lake Knowles Circle Winter Park, Florida 32789

Attachment

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hipp, Michelle 1108 Edwards Lane Orlando, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Hoctor, James J. 215 N. Eola Drive Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D King, Deborah 445 W. Amelia Street, Suite 800 Orlando, FL 32801-1128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D LeBlanc, Robert 7 Broadway Court Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D McKinnon, Genean Hawkins 701 Via Bella Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D Mennello, Marilyn 1311 Via Tuscany Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Mennello, Michael 1311 Via Tuscany Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Raffel, William 316 Virginia Drive Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rigsby, John 2251 Lucien Way Maitland, FL 32751

Attachment

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Schell, John 1709 Briercliff Drive Orlando, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Silverbach, Ross 1600 Alabama Drive #105 Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Spiva, Walt 111 N. Orange Avenue, Suite 1800 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Walsh, Rick 900 E. Princeton Street Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Yochum, Penny 1300 Via Lugano Winter Park, FL 32789