

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000822

**FILED**  
**Mar 05, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA MUSEUM OF PHOTOGRAPHIC ARTS, INC.

**Current Principal Place of Business:**

200 N. TAMPA STREET  
SUITE G-130  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

200 N. TAMPA STREET  
SUITE G-130  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 59-3737687

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVIN, CHARLES J  
400 N. ASHLEY DRIVE  
SUITE 2300  
TAMPA, FL 33602 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: DIR  
Name: LEVIN, CHARLES J  
Address: 400 N. ASHLEY DR. STE 2300  
City-St-Zip: TAMPA, FL 33602

Title: COB  
Name: ROBSON, ROGER  
Address: 102 WHITING STREET, STE 400  
City-St-Zip: TAMPA, FL 33602

I hereby 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 all other like empowered.

SIGNATURE: CHARLES J. LEVIN

MR.

03/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date