

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005053

FILED
Apr 24, 2006
Secretary of State

Entity Name: THE LEEPA-RATTNER MUSEUM OF ART, INC.

Current Principal Place of Business:

600 KLOSTERMAN ROAD
PALM HARBOR, FL 34683

New Principal Place of Business:

600 KLOSTERMAN ROAD
TARPON SPRINGS, FL 34689

Current Mailing Address:

P.O. BOX 1545
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-3733512 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HENNIGER, DAVID T
13805 58TH ST. N
CLEARWATER, FL 33706 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: DSMD () Delete
Name: WHITELAW, LYNN R
Address: 600 KLOSTERMAN RD
City-St-Zip: PALM HARBOR, FL 34683

Title: DC () Delete
Name: LARSEN, ANN
Address: 600 KLOSTERMAN RD
City-St-Zip: PALM HARBOR, FL 34683

Title: DT () Delete
Name: HUNT, DOTSON
Address: ST PETERSBURG COLLEGE 8580-66TH ST N
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSMD (X) Change () Addition
Name: WHITELAW, LYNN R
Address: 600 KLOSTERMAN RD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DC (X) Change () Addition
Name: LARSEN, ANN
Address: 600 KLOSTERMAN RD
City-St-Zip: TARPON SPRINGS, FL 34689

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: LYNN WHITELAW

DSMD

04/24/2006

Electronic Signature of Signing Officer or Director

Date