


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90222 039 \*\*\*\*61.25

<b>DOCUMENT # N01000005053</b> 1. Entity Name <b>THE LEEPA-RATTNER MUSEUM OF ART, INC.</b>					
Principal Place of Business <b>600 KLOSTERMAN ROAD TARPON SPRINGS, FL 34689</b>			Mailing Address <b>P.O. BOX 1545 TARPON SPRINGS, FL 34688</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3733512</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>HORNER, BETH A 13805 58TH STREET NORTH LARGO, FL 33760</b>				7. Name and Address of New Registered Agent Name <b>MCKENZIE, SYDNEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>13805 58th STREET NORTH</b> City <b>LARGO</b> <b>FL</b> Zip Code <b>33760</b>	
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. <i>General Counsel</i> SIGNATURE <u><i>Sydney H. McKenzie, III</i></u> <i>Sydney H. McKenzie, III</i> <u>4/24/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSMD WHITELOW, LYNN R <input type="checkbox"/> Delete 600 KLOSTERMAN RD TARPON SPRINGS, FL 34689		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSMD WHITELOW, R. LYNN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 KLOSTERMAN ROAD TARPON SPRINGS, FL 34689	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LARSEN, ANN <input type="checkbox"/> Delete 600 KLOSTERMAN RD TARPON SPRINGS, FL 34689		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUNT, DOTSON <input type="checkbox"/> Delete ST PETERSBURG COLLEGE 8580-66TH ST N PINELLAS PARK, FL 33781		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<input 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 exemptions contained 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 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: <u><i>R. Lynn Whitelaw</i></u> <u>4/19/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					