2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N01552

Entity Name: A.E. "BEAN" BACKUS GALLERY & MUSEUM, INC.

Current Principal Place of Business:

500 NORTH INDIAN RIVER DR.
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

500 NORTH INDIAN RIVER DR.
FORT PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 59-3075234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERG, PEGGY
3401 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982 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:	PD	( ) Delete
Name:	BERG, PEGGY	
Address:	3401 S. INDIAN RIVER DRIVE	
City-St-Zip:	FT. PIERCE, FL 34982	
Title:	TD	( ) Delete
Name:	RICE, JAMES	
Address:	2521 N INDIAN RIVER DRIVE	
City-St-Zip:	FORT PIERCE, FL 34946	
Title:	VPD	( ) Delete
Name:	WHEELEY, LEONARD	
Address:	1129 FERNANDINA DRIVE	
City-St-Zip:	FORT PIERCE, FL 34949	
Title:	SD	( ) Delete
Name:	JANIE, HINKLE	
Address:	940 S. US#1	
City-St-Zip:	FT. PIERCE, FL 34950	
Title:	ED	( ) Delete
Name:	FREDRICK, KATHLEEN P	
Address:	759 RIO VISTA DRIVE	
City-St-Zip:	FORT PIERCE, FL 34982	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	NELSON, DAN	
Address:	5006 OLEANDER BLVD..	
City-St-Zip:	FORT PIERCE, FL 34982	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: KATHLEEN P. FREDRICK ED 01/08/2008

Electronic Signature of Signing Officer or Director — Date