

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000009555**

1. Entity Name  
**FLORIDA INTERNATIONAL MUSEUM OF  
CONTEMPORARY ART + DESIGN, INC.**



Principal Place of Business

**3400 S TAMiami TRAIL  
SARASOTA, FL 34239**

Mailing Address

**3400 S TAMiami TRAIL  
SARASOTA, FL 34239**



**DO NOT WRITE IN THIS SPACE**

03292005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

**54-2137839**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LUZIER, THOMAS B ESQ  
22 S LINKS AVE STE 300  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REICH, CHARLES DR
STREET ADDRESS	8251 HAWKINS ROAD
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	VP
NAME	STAHL, OLIVIA
STREET ADDRESS	7325 REGINA ROYALE ROAD
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	VP
NAME	NELSON, MICHAEL H
STREET ADDRESS	8462 SAILING LOOP
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	VPT
NAME	LABBERTON, KAREL H
STREET ADDRESS	752 AUTUMN CREST DRIVE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VP
NAME	HELLAWELL, ALEXANDRA T
STREET ADDRESS	3400 S. TAMiami TRAIL
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000282850  
04/01/05-80004-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #