

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003681

FILED  
Jan 09, 2006  
Secretary of State

Entity Name: SARASOTA MUSEUM OF ART, INC.

## Current Principal Place of Business:

7857 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

## New Principal Place of Business:

## Current Mailing Address:

7857 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

## New Mailing Address:

FEI Number: 34-1989449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SURKIS, WENDY G  
7857 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242 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: P ( ) Delete  
Name: SURKIS, WENDY  
Address: 7857 MIDNIGHT PASS RD  
City-St-Zip: SARASOTA, FL 34242

Title: VP ( ) Delete  
Name: CARVER, DOTTIE B  
Address: 2575 MISTLETOE LN  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T ( ) Delete  
Name: ELOVA, PEPPI  
Address: 7857 MIDNIGHT PASS RD  
City-St-Zip: SARASOTA, FL 34242

Title: S ( ) Delete  
Name: KAUFFMAN, IRENE  
Address: 455 LONGBOAT CLYB RD  
City-St-Zip: LONGBOAT KEY, FL 34228

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SURKIS, WENDY G  
Address: 7857 MIDNIGHT PASS RD  
City-St-Zip: SARASOTA, FL 34242

Title: VP (X) Change ( ) Addition  
Name: GARNER, DOTTIE B  
Address: 1111 RITZ CARLTON DRIVE  
City-St-Zip: SARASOTA, FL 34236

Title: T (X) Change ( ) Addition  
Name: ELONA, PEPPI  
Address: 7857 MIDNIGHT PASS RD  
City-St-Zip: SARASOTA, FL 34242

Title: S (X) Change ( ) Addition  
Name: KAUFFMAN, IRENE  
Address: 455 LONGBOAT CLUB RD  
City-St-Zip: LONGBOAT KEY, FL 34228

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: PEPPI ELONA

T

01/09/2006

Electronic Signature of Signing Officer or Director

Date