

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37218

FILED
Jul 12, 2007
Secretary of State

Entity Name: THE MARY BROGAN MUSEUM OF ART AND SCIENCE, INC.

Current Principal Place of Business:

350 S DUVAL STREET
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

350 S DUVAL STREET
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-3013279 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARBER, CHUCHA I.DIR.
350 SOUTH DUVAL STREET
TALLAHASSEE, FL 32301 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: SEC () Delete
Name: MEENAN, TIM
Address: 204 S. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP () Delete
Name: JABER, LILA
Address: 2540 SHUMARD OAK BLVD
City-St-Zip: TALLAHASSEE, FL 32399

Title: P () Delete
Name: DUDLEY, CHRISTOPHER
Address: 120 S. MONROE STREET (1)
City-St-Zip: TALLAHASSEE, FL 32301

Title: TRES () Delete
Name: CUTRIGHT, STEVE
Address: 250 JOHN KNOX ROAD, #1
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: HENDRIX, JERRY
Address: 150 S. MONROE STREET, SUITE 400
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP (X) Change () Addition
Name: KRAFFT, MARIE
Address: 7125 UPLAND GLADE
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: LEONARD, DEBORAH
Address: 10100 VETERANS MEMORIAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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: CHUCHA BARBER

DIR

07/12/2007

Electronic Signature of Signing Officer or Director

Date