

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37218

FILED  
Apr 30, 2008  
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 ( )**

**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: HENDRIX, JERRY  
Address: 150 S. MONROE STREET, SUITE 400  
City-St-Zip: TALLAHASSEE, FL 32301

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P (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: ( ) 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: CHUCHA BARBER

DIR

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date