

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37218

FILED
Apr 17, 2009
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: P () Delete
Name: KRAFFT, MARIE
Address: 7125 UPLAND GLADE
City-St-Zip: TALLAHASSEE, FL 32312

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: BERRIAN, SHARON
Address: PO BOX 1757
City-St-Zip: TALLAHASSEE, FL 32301

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

04/17/2009

Electronic Signature of Signing Officer or Director

Date