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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45355 (7)
1. Corporation Name
MUSEUM OF ART/ TALLAHASSEE, INC.

Principal Place of Business: 2548 BLAIRSTONE PINES DR. TALLAHASSEE FL 32301 US
Mailing Address: P. O. BOX 11011 TALLAHASSEE FL 32302 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1991
3a. Date of Last Report: 06/20/1994

4. FEI Number: 65-0068784
Applied For: Not Applicable

2. Principal Place of Business: 21 1296 TIMBERLINE RD.
22 Suite, Apt. #, etc.
23 TALLAHASSEE, FLORIDA
24 Zip: 32312
25 Country: LEON
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
STEPHENS PATRICIA H
701 SHELL STREET
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARER, GLEN
STREET ADDRESS	3137 MIDDLEBROOK CIR.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	VPD
NAME	UHLFELDER, MIFFIE
STREET ADDRESS	2510 HARRIMAN CIR.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	VPD
NAME	ORR, MARSHA
STREET ADDRESS	P. O. BOX 221 N/A
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	SD
NAME	JONES, MIMI
STREET ADDRESS	1713 SILVERWOOD DR.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	YO
NAME	ANTISTA, ROBERT
STREET ADDRESS	2548 BLAIRSTONE PINES DR.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	STEVENS, PATRICIA
STREET ADDRESS	701 SHELL ST.
CITY - ST - ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	300001423213
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	-03/07/95--01099-021
2.3 STREET ADDRESS	*****70.00 *****70.00
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or (Block 13 if changed), or on an attachment with an address.

SIGNATURE: Robert C. Morham March 3, 1995 904-222-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR