

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT #

1. Corporation Name

Museum of Art/Tallahassee, Inc.

Principal Place of Business

345 S. Magnolia Dr.  
Suite F-21  
Tallahassee, FL 32301

Mailing Address

same

3. Date Incorporated or Qualified

9-27-91

3a. Date of Last Report

3-3-95

2. Principal Place of Business

21 345 S. Magnolia

Suite, Apt. #, etc.

22 Suite F-21

City & State

23 Tallahassee, FL

Zip

24 32301

Country

25 USA

2a. Mailing Address

26 same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEL Number

65-0068784

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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  
3548 Trillium Court  
Tallahassee, FL 32312

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE 1. President D ☐ DELETE  
NAME Glen Barber  
STREET ADDRESS 3137 Middlebrooks Circle  
CITY-ST-ZIP Tallahassee, FL 32312

TITLE 2. Vice-President D ☐ DELETE  
NAME Robert Antista  
STREET ADDRESS 5333 St. Ives Lane  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE 3. Treasurer D ☐ DELETE  
NAME Mitzi Kessler  
STREET ADDRESS 512 Summer Brooke Drive  
CITY-ST-ZIP Tallahassee, FL 32312

TITLE 4. Corresponding Secretary D ☐ DELETE  
NAME Patrick Dennis  
STREET ADDRESS 2858 Green Forest Lane  
CITY-ST-ZIP Tallahassee, FL 32312

TITLE 5. Recording Secretary D ☐ DELETE  
NAME Rosalie Rodriguez  
STREET ADDRESS 1641 Springwood  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mitzi Kessler

February 14, 1996 (904) 671-5700  
Date Daytime Phone #

CR2E037 (12/95)