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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45355

1. Corporation Name

MUSEUM OF ART/ TALLAHASSEE, INC.

Principal Place of Business

345 S. MAGNOLIA DR.
STE B12
TALLAHASSEE FL 32301
US

Mailing Address

345 S MAGNOLIA DR
STE B12
TALLAHASSEE FL 32301
US



2. Principal Place of Business
21 350 South Duval

2a. Mailing Address
26 350 South Duval

3. Date Incorporated or Qualified
09/27/1991

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number
65-0068784

Applied For
Not Applicable

23 City & State
Tallahassee, FL

28 City & State
Tallahassee, FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 32301 25 Country Leon

29 Zip 32301 30 Country Leon

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENS, PATRICIA H
701 SHELL STREET
TALLAHASSEE FL 32303

81 Name
Tony Lombardo

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

83 160 Rosehill Drive West

84 City Tallahassee

85 Zip Code
FL 32312

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME SCHRIEFFER, ANNA
STREET ADDRESS RT. 3, BOX 205
CITY-ST-ZIP MONTICELLO FL

1.1 TITLE PD Change Addition
1.2 NAME Lombardo, Tony
1.3 STREET ADDRESS 160 Rosehill Drive, West
1.4 CITY-ST-ZIP Tallahassee, FL 32312

TITLE VPD DELETE
NAME DENNIS, P
STREET ADDRESS 2858 GREEN FOREST LN
CITY-ST-ZIP TALLAHASSEE FL 32312

2.1 TITLE 1st VPD Change Addition
2.2 NAME Ecenia, Steve
2.3 STREET ADDRESS 652 Forest Lair
2.4 CITY-ST-ZIP Tallahassee, FL 32312

TITLE TD DELETE
NAME PAFFORD, JR J
STREET ADDRESS 28458 GREEN FOREST LANE
CITY-ST-ZIP TALL FL 32312

3.1 TITLE 2nd VPD Change Addition
3.2 NAME Katz, Allan
3.3 STREET ADDRESS 1715 Tarpon Drive
3.4 CITY-ST-ZIP Tallahassee, FL 32308

TITLE RSD DELETE
NAME WEST, JOAN
STREET ADDRESS 2808 RABBIT HILL RD.
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE RSD Change Addition
4.2 NAME Hunt, Deborah
4.3 STREET ADDRESS 1843 Easton Forest Drive
4.4 CITY-ST-ZIP Tallahassee, FL 32311

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Signature of Patricia H. Stephens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-99

Date

Daytime Phone #

CR2E037 (11/98)