
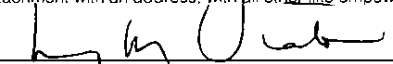


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90032 035 ****61.25

DOCUMENT # N47995			
1. Entity Name THE PATRONS OF THE ARTS IN THE VATICAN MUSEUMS, INC.			
Principal Place of Business 324 ROYAL PALM WAY - SUITE 300 PALM BCH, FL 33480 US		Mailing Address 324 ROYAL PALM WAY - SUITE 300 PALM BCH, FL 33480 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 65-0327240	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VIATOR, MARY M 324 ROYAL PALM WAY - SUITE 300 PALM BCH, FL 33480		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, BRIAN	NAME	
STREET ADDRESS	217 VIA TORTUGA	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROGAN, JOHN J	NAME	
STREET ADDRESS	1128 DEVONSHIRE WAY	STREET ADDRESS	400 N. Flagler Dr., Ste. 1906
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIATOR, MARY M	NAME	
STREET ADDRESS	324 ROYAL PALM WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSSO, LUCY	NAME	
STREET ADDRESS	175 SUNSET AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMARA, ANGIE	NAME	
STREET ADDRESS	127 KINGS ROAD	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Secretary/Treasurer 1/7/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	