

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47995

FILED
Mar 15, 2011
Secretary of State

Entity Name: THE PATRONS OF THE ARTS IN THE VATICAN MUSEUMS, INC.

Current Principal Place of Business:

ONE CLEARLAKE CENTRE
250 SOUTH AUSTRALIAN AVENUE, STE 600
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

ONE CLEARLAKE CENTRE
250 SOUTH AUSTRALIAN AVENUE, STE 600
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 65-0327240 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VIATOR, MARY M
250 SOUTH AUSTRALIAN AVENUE
SUITE 600
WEST PALM BEACH, FL 33401 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: PRES
Name: VIATOR, MARY M
Address: 250 SOUTH AUSTRALIAN AVENUE, SUITE 600
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: VP
Name: COLROSS, GRACE
Address: 4300 TOLEDO STREET
City-St-Zip: CORAL GABLES, FL 33146 US

Title: TR
Name: RINKER, RUBY
Address: 1840 SOUTH OCEAN BOULEVARD
City-St-Zip: PALM BEACH, FL 33480 US

Title: SEC
Name: FOSTER, CLAIRE
Address: 6200 WINDWARD WAY, #36
City-St-Zip: ST. THOMAS, VI 00802 US

I hereby 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 all other like empowered.

SIGNATURE: MARY M. VIATOR, ESQ.

PRES

03/15/2011

Electronic Signature of Signing Officer or Director

_____ Date