2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N94000004694

Entity Name: MUSEUM CENTER CORP.

Current Principal Place of Business:

501 PLAZA REAL
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

501 PLAZA REAL
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0445848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLGE, GEORGE S
BOCA RATON MUSEM OF ART
501 PLAZA REAL
BOCA RATON, FL 33432 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:	P	( ) Delete
Name:	GORA, MICHAEL H MR.	
Address:	7563 IMPERIAL DRIVE #D502	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	VP/D	( ) Delete
Name:	COOPER, KEVIN L MR	
Address:	898 PONCE DE LEON ROAD	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	VP/D	( ) Delete
Name:	FLAUM, STUART MR.	
Address:	7212 QUEENFERRY CIRCLE	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	T/D	( ) Delete
Name:	CARMAN, PAUL MR	
Address:	847 FORSYTH STREET	
City-St-Zip:	BOCA RATON, FL 33434	
Title:	VP/D	( ) Delete
Name:	POLOKOFF, EDWIN MR	
Address:	750 S. OCEAN BLVD. #4-S	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	S/D	( ) Delete
Name:	ALROD, DOREEN MRS	
Address:	2717 N. OCEAN BLVD. APT. TH-4	
City-St-Zip:	BOCA RATON, FL 33431	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP/D	(X) Change ( ) Addition
Name:	BAGLEY, MILTON MR.	
Address:	19319 CHAPEL CREEK DR	
City-St-Zip:	BOCA RATON, FL 33434	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE S. BOLGE MR 03/24/2009

Electronic Signature of Signing Officer or Director — Date