

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000005758

1. Entity Name
FLORIDA FINE ART MUSEUM CORPORATION



Principal Place of Business
1707 WINNERS CIRCLE
TARPON SPRINGS, FL 34689 US

Mailing Address
1707 WINNERS CIRCLE
TARPON SPRINGS, FL 34689 US



04142007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3434479

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SYMS, HARCOURT
1707 WINNERS CIRCLE
TARPON SPRINGS, FL 34689

**DO NOT WRITE
IN THIS SPACE**

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 *Harcourt Syms*
Signature, typed or printed name of registered agent and title if applicable.

Harcourt Syms (SAME)
DP

(NOTE: Registered Agent signature required when reconstituting)

April 20 / 2007

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution: ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPDT SYMS, HARCOURT 1707 WINNERS CIRCLE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS GRAF, KEVIN 6705 LASSEN AVE NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRINQUE, ART 5493 VALLEY SPRINGS DR BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000725237
05/03/07-80014-008 70.00

**DO NOT WRITE
IN THIS SPACE**

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: *Harcourt Syms*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARCOURT SYMS
DP

April 20 / 2007

(727)
934-3932
Daytime Phone • (727)