

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90095 034 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           |                                                                                     |                                                                     |                                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N97000000238</b><br>1. Entity Name<br>CORAL SPRINGS MUSEUM OF ART, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           |                                                                                     |                                                                     |                                                                                                                                                                                                                                                       |  |
| Principal Place of Business<br>2855 CORAL SPRINGS DRIVE<br>CORAL SPRINGS, FL 33065                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                     | Mailing Address<br>9551 WEST SAMPLE ROAD<br>CORAL SPRINGS, FL 33065 |                                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                                     |                                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           | City & State                                                                        |                                                                     |                                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                   | Zip                                                                                 | Country                                                             |                                                                                                                                                                                                                                                       |  |
| 6. Name and Address of Current Registered Agent<br><br>GOREN, SAMUEL S<br>JOSIAS & GOREN, P.A.<br>3099 EAST COMMERCIAL BLVD., SUITE 200<br>FORT LAUDERDALE, FL 33308                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |                                                                                     |                                                                     | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           |                                                                                     |                                                                     |                                                                                                                                                                                                                                                       |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                     | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                                                                |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                     |                                                                     |                                                                                                                                                                                                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>        |                                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>SOMMERER, JOHN MAYOR <input checked="" type="checkbox"/> Delete<br>9501 NW TTH PLACE<br>CORAL SPRINGS, FL 33065     |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | Vice President/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Jocelyn Carter Miller<br>8701 Banyan Court<br>Tamarac, Fl 33321                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D <input checked="" type="checkbox"/> Delete<br>CALHOUN, RHONDA<br>7525 NW 97TH TERRACE<br>CORAL SPRINGS, FL 33067        |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | Secretary/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Rhyllis Anselona<br>5911 NW 53rd Street<br>Coral Springs, Fl 33071                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D <input checked="" type="checkbox"/> Delete<br>GOLD, ROY<br>10253 VESTAL COURT<br>CORAL SPRINGS, FL 33071                |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | Treasurer/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Bruce Davis<br>12311 NW 7th Court<br>Coral Springs, Fl 33071                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D <input checked="" type="checkbox"/> Delete<br>MENA, TED<br>9305 NW SECOND STREET<br>CORAL SPRINGS, FL 33071             |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Dr. Kerry Kuhn<br>10002 Vestal Place<br>Coral Springs, Fl 33071                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D <input checked="" type="checkbox"/> Delete<br>BROOK, SCOTT J<br>551 NW 120TH DRIVE<br>CORAL SPRINGS, FL 33071           |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Steve Opler<br>11901 SW 2nd Street<br>Plantation, Fl 33325-2821                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CD PRESIDENT/CHAIRMAN <input type="checkbox"/> Delete<br>BRITE, PAUL<br>10197 RAMBLEWOOD DRIVE<br>CORAL SPRINGS, FL 33071 |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                     |  |
| 12. 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 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. |                                                                                                                           |                                                                                     |                                                                     |                                                                                                                                                                                                                                                       |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                                                                     | PAUL BRITE                                                          |                                                                                                                                                                                                                                                       |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           |                                                                                     | Date <u>3/21/05</u> Daytime Phone # <u>954-721-2889</u>             |                                                                                                                                                                                                                                                       |  |

# ATTACHMENT

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## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N97000000238**

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*Additions/changes to Officers and Directors - Coral Springs Museum of Art, Inc.*

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|-------------------------------------------------------------------|----------|
| Director<br>Paul Vladem<br>6508 NW 103 Lane<br>Parkland, Fl 33076 | Addition |
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| Director<br>Kim Cavendish<br>700 Alamanda Street<br>Boca Raton, Fl 33486 | Addition |
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| Director<br>Dr. Charlotte Cipes<br>126 NW 117 Avenue<br>Coral Springs, Fl 33071 | Addition |
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| Director<br>Michelle Tuggle<br>2721 SW 19 Street<br>Fort Lauderdale, Fl 33312 | Addition |
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