

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 DEC 31 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000238					
1. Entity Name CORAL SPRINGS MUSEUM OF ART, INC.					
Principal Place of Business 2855 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065			Mailing Address 2855 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065		
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 65-0747980 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				11072007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOREN, SAMUEL S JOSIAS & GOREN, P.A. 3099 EAST COMMERCIAL BLVD., SUITE 200 FORT LAUDERDALE, FL 33308				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	T	☒ Delete	TITLE	T	☒ Change ☐ Addition
NAME	HARRISON, DAVID		NAME	BRIER, SIMON	
STREET ADDRESS	11088 NW 14TH ST		STREET ADDRESS	12242 NW 57 STREET	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	VP	☒ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	CARTER-MILLER, JOCELYN		NAME	KUHU DR. KERRY	
STREET ADDRESS	8701 BANYAN COURT		STREET ADDRESS	10002 VESTAL PLACE	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	CORAL SPRING, FL 33071	
TITLE	D	☐ Delete	TITLE	VP	☐ Change ☐ Addition
NAME	OPLER, STEVE		NAME		
STREET ADDRESS	11901 SW 2ND STREET		STREET ADDRESS	300113743753	
CITY-ST-ZIP	PLANTATION, FL 333252821		CITY-ST-ZIP	01/04/08--01009--015 ***61.25	
TITLE	P	☐ Delete	TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	VLADEM PAUL		NAME	VLADEM, PAUL	
STREET ADDRESS	6508 NW 103 LANE		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND, FL 33076		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: <u>Paul J. Vladem</u> Paul J. Vladem 12/27/07 954-983-5600					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

SIGNATURE SEE PAGE 2 OF ONLINE FILING

12-0840