2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000000238

1. Entity Name
CORAL SPRINGS MUSEUM OF ART, INC.

FILED
Aug 14, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
2855 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065	2855 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065

08112008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0747980
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOREN, SAMUEL S
JOSIAS & GOREN, P.A.
3099 EAST COMMERCIAL BLVD., SUITE 200
FORT LAUDERDALE, FL 33308

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BRIER, SIMEON
STREET ADDRESS	12242 NW 57 STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	VP
NAME	KUHN, KERRY DR.
STREET ADDRESS	10002 VESTAL PLACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	D
NAME	OPLER, STEVE
STREET ADDRESS	11901 SW 2ND STREET
CITY-ST-ZIP	PLANTATION, FL 333252821
TITLE	P
NAME	VLADEM, PAUL
STREET ADDRESS	6508 NW 103 LANE
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/14/08-80001-013 61.25

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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: _____ PAUL VLADEM 8-11-08 9543405000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #