2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N97000000238

Entity Name: CORAL SPRINGS MUSEUM OF ART, INC.

Current Principal Place of Business:

2855 CORAL SPRINGS DRIVE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2855 CORAL SPRINGS DRIVE
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-0747980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOREN, SAMUEL S
JOSIAS & GOREN, P.A.
3099 EAST COMMERCIAL BLVD., SUITE 200
FORT LAUDERDALE, FL 33308 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: T ( ) Delete
Name: BRIER, SIMEON
Address: 12242 NW 57 STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: P ( ) Delete
Name: KUHN, KERRY DR.
Address: 10002 VESTAL PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete
Name: POMERANTZ, HAP
Address: 6231 NW 120 DRIVE
City-St-Zip: CORAL SPRINGS, FL 330762821

Title: S ( ) Delete
Name: FRASER, A. I
Address: 1530 RIVERWOOD LANE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DR. KERRY KUHN PRES 04/17/2009

Electronic Signature of Signing Officer or Director — Date