

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 10, 2012
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: P
Name: BRIER, SIMEON
Address: 12242 NW 57 STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: T
Name: MONAS, MICHAEL
Address: 6560 W SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP
Name: DALE, WALLY
Address: 2750 NW 107 AVE
City-St-Zip: CORAL SPRINGS, FL 33065

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

Title: VP
Name: WILLIAMS, JOSEPH
Address: 3000 N UNIVERSITY DRIVE STE 2F
City-St-Zip: CORALSPRINGS, FL 33065

I hereby 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 all other like empowered.

SIGNATURE: SIMEON D. BRIER

P

10/10/2012

Electronic Signature of Signing Officer or Director

Date