

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000568

FILED
Jun 28, 2005
Secretary of State

Entity Name: MENNELLO MUSEUM OF AMERICAN FOLK ART, INC.

Current Principal Place of Business:

900 E PRINCETON STREET
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

900 E PRINCETON STREET
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3579067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLT, FRANK
900 E PRINCETON STREET
ORLANDO, FL 32803 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: D () Delete
Name: HOLT, FRANK
Address: 900 E PRINCETON STREET
City-St-Zip: ORLANDO, FL 32803

Title: T () Delete
Name: MENNELLO, MARILYN
Address: 900 E PRINCETON STREET
City-St-Zip: ORLANDO, FL 32803

Title: T () Delete
Name: MENNELLO, MICHAEL
Address: 900 E PRINCETON STREET
City-St-Zip: ORLANDO, FL 32803

Title: T () Delete
Name: LEBLANC, ROBERT
Address: 900 E PRINCETON STREET
City-St-Zip: ORLANDO, FL 32803

Title: T () Delete
Name: KING, DEBORAH
Address: 900 E PRINCETON STREET
City-St-Zip: ORLANDO, FL 32803

Title: T () Delete
Name: SPIVA, WALT
Address: 900 E PRINCETON STREET
City-St-Zip: ORLANDO, FL 32803

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:

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

Title: T (X) Change () Addition
Name: FENDER, GEORGE S
Address: 900 E PRINCETON STREET
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANK HOLT

D

06/28/2005

Electronic Signature of Signing Officer or Director

Date