2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N99000000568

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 ( )**

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:	JUSTICE, VIRGINIA	
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:	HEFLER, LAWRENCE	
Address:	900 E PRINCETON STREET	
City-St-Zip:	ORLANDO, FL 32803	
Title:	T	( ) Delete
Name:	FELDER, VICKI ELAINE	
Address:	900 E PRINCETON STREET	
City-St-Zip:	ORLANDO, FL 32803	
Title:	T	( ) Delete
Name:	BOUFFARD, VANESSA	
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:	NALE, JUANITA	
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 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: FRANK HOLT MR 01/21/2009

Electronic Signature of Signing Officer or Director — Date