

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000716

FILED
Jan 13, 2009
Secretary of State

Entity Name: NAPLES MUSEUM OF ART, INC.

Current Principal Place of Business:

5833 PELICAN BAY BLVD.
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

5833 PELICAN BAY BLVD.
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-2322926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARLICK, THOMAS B
5551 RIDGEWOOD DRIVE
SUITE 101
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

GARLICK, THOMAS B
9115 CORSEA DEL FONTANA WAY
SUITE 100
NAPLES, FL 34109 US

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: THOMAS GARLICK

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DANIELS, MYRA J
Address: SAN RAFAEL VILLA #9 7075 PELICAN BAY BLVD
City-St-Zip: NAPLES, FL 34108 US

Title: D () Delete
Name: CORDDRY, PAUL
Address: 4601 GULF SHORE BLVD. NORTH #14
City-St-Zip: NAPLES, FL 34103 US

Title: D () Delete
Name: SCHWARTZ, STEPHEN L
Address: 328 COLONY DRIVE
City-St-Zip: NAPLES, FL 34108 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DANIELS, MYRA J
Address: 721 TEAL COURT
City-St-Zip: NAPLES, FL 34108 US

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: MYRA J DANIELS

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date