

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **702292** (4)
THE NORTON GALLERY AND SCHOOL OF ART, INC.

APPROVED
AND
FILED
95 MAY -1 AM 9:05
LEO STAY C. STAY
TALLAHASSEE, FLORIDA

Principal Place of Business: 1451 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401
Mailing Address: 1451 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		2b. Mailing Address		2c. Mailing Address		2d. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Suite, Apt. #, etc.		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State		City & State		City & State		City & State	
Zip		Country		Zip		Country		Zip	

3. Date Incorporated or Qualified	3a. Date of Last Report
04/17/1961	05/01/1994
4. FEI Number	Applied For
59-0624432	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent
SNYDER, R. BRANT
1451 S. OLIVE AVE.
WEST PALM BEACH FL 33401

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	DUNSTON, PETER
STREET ADDRESS	269 QUEENS LANE
CITY, ST, ZIP	PALM BEACH FL 33460
TITLE	TD
NAME	SNYDER, R. BRANT
STREET ADDRESS	1451 SOUTH OLIVE AVE
CITY, ST, ZIP	W PALM BEACH FL 33401
TITLE	D
NAME	BARBATELLI, ETTORE
STREET ADDRESS	520 MIDDLE ROAD
CITY, ST, ZIP	GULF STREAM FL 33483
TITLE	DP
NAME	SEGEL, FLOYD A
STREET ADDRESS	231 BRADLEY PLACE
CITY, ST, ZIP	PALM BEACH FL 33460
TITLE	D
NAME	ROGERS, ROBERT O.
STREET ADDRESS	505 SOUTH FLAGLER DRIVE
CITY, ST, ZIP	WEST PALM BEACH FL
TITLE	SD
NAME	CLUETT, HELEN
STREET ADDRESS	217 EMERALD LANE
CITY, ST, ZIP	PALM BCH FL 33460

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	DM
53 STREET ADDRESS	Christina Orr-Cahill
54 CITY, ST, ZIP	1451 South Olive Av West Palm Beach FL 33401
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christina Orr-Cahill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95
707 832 5196