

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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



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

3. Date Incorporated or Qualified: 04/17/1961
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0624432
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUNSTON, PETER	
STREET ADDRESS	269 QUEENS LANE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SNYDER, R. BRANT	
STREET ADDRESS	1451 SOUTH OLIVE AVE	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARBATELLI, ETTORE	
STREET ADDRESS	520 MIDDLE ROAD	
CITY-ST-ZIP	GULF STREAM FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SEGEL, FLOYD A	
STREET ADDRESS	231 BRADLEY PLACE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DM	<input type="checkbox"/> DELETE
NAME	ORR-CAHALL, CHRISTINA	
STREET ADDRESS	1451 SOUTH OLIVE AV	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CLUETT, HELEN	
STREET ADDRESS	217 EMERALD LANE	
CITY-ST-ZIP	PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ewing, Nancy P.	
6.3 STREET ADDRESS	11174 Turtle Beach Rd #207C	
6.4 CITY-ST-ZIP	North Palm Beach FL 33408	

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(3)(k), 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-Cahall*

Date: April 11, 1996 - 407-832-5196
Daytime Phone #

CR2E037 (12/95)