

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702292

FILED
Feb 18, 2005
Secretary of State

Entity Name: THE NORTON GALLERY AND SCHOOL OF ART, INC.

Current Principal Place of Business:

1451 SOUTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1451 SOUTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-0624432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORR-CAHILL, CHRISTINA
1451 S. OLIVE AVE.
WEST PALM BEACH, FL 33401 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: TD () Delete
Name: CALER, WILLIAM K
Address: 5058 SOUTH FLAGLER DR STE 900
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD () Delete
Name: SMITH, ANNE
Address: 260 NORTH WOODS ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: VD () Delete
Name: SOTER, SALLY
Address: 198 VIA NARINER
City-St-Zip: PALM BEACH, FL 33480

Title: VD () Delete
Name: FINE, MILTON
Address: 2 NO. BREAKERS ROW N-21
City-St-Zip: PALM BEACH, FL 33480

Title: DM () Delete
Name: ORR-CAHILL, CHRISTINA
Address: 1451 SOUTH OLIVE AV
City-St-Zip: WEST PALM BEACH, FL

Title: SD () Delete
Name: MAURER, GIL
Address: PO BOX 1171
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: JOHNSTON, HARRY
Address: 505 S.FLAGLER DR 11TH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD (X) Change () Addition
Name: MAXWELL, HAMISH
Address: 100PARK AVE
City-St-Zip: NEW YORK, NY 10017

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

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

Title: SD (X) Change () Addition
Name: JAFFE, ELLEN
Address: 333 SUNSET AVE
City-St-Zip: PALM BEACH, FL 33480

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: CHRISTINA ORR-CAHILL

DIRE

02/18/2005

Electronic Signature of Signing Officer or Director

Date