

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702292

FILED  
Apr 28, 2011  
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:**

BUKOWSKI, LUCY S  
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: TTR  
Name: PETERSEN, SUZY  
Address: 1451 S. OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PTR  
Name: STICKNEY, KEMP C  
Address: 1451 S. OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: STR  
Name: BOOTHBY, LINDA  
Address: 1451 S. OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D  
Name: ALSWANG, HOPE  
Address: 1451 S. OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: LUCY S BUKOWSKI

CFO

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date