


FILED
Jun 09, 2003 8:00 am
Secretary of State

05-16-2003 90173 018 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 702292

1. Entity 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

55047085

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-0624432** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
ORR-CAHILL, CHRISTINA
1451 S. OLIVE AVE.
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALER, WILLIAM K 5058 SOUTH FLAGLER DR STE 900 WEST PALM BEACH FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, ANNE 260 NORTH WOODS ROAD PALM BEACH FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SATER, SALLY 188 VIA NARNER PALM BEACH FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sally Sater
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSTON, HARVY 505 S FLAGLER DR #1010 WEST PALM BEACH FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Harvy Johnston
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM ORR-CAHALL, CHRISTINA 1451 SOUTH OLIVE AV WEST PALM BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAURER, GIL PO BOX 1171 PALM BEACH FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with authority like empowered.

SIGNATURE: *Jane M. Pangborn*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **5/12/03** (561) 822-5176 x1106
 For Christina Orr-Cahall

CR2037 (10/02)