

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702292

Entity Name: NORTON MUSEUM OF ART, INC.

Current Principal Place of Business:

1451 SOUTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

Current Mailing Address:

1451 SOUTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

FEI Number: 59-0624432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAFRANEK, JOHN L
1451 S. OLIVE AVE.
WEST PALM BEACH, FL 33401 US

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: JOHN L SAFRANEK

01/04/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, TRUSTEE
Name HOWELL, HENRY
Address 1451 S. OLIVE AVENUE
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR & CEO
Name ALSWANG, HOPE
Address 1451 S. OLIVE AVENUE
City-State-Zip: WEST PALM BEACH FL 33401

Title 2ND VC, TRUSTEE
Name NIBLACK, JOHN
Address 1451 S. OLIVE AVENUE
City-State-Zip: WEST PALM BEACH FL 33401

Title 1ST VC, TRUSTEE
Name GENDELMAN, BRUCE
Address 1451 S. OLIVE AVENUE
City-State-Zip: WEST PALM BEARCH FL 33401

Title SECRETARY, TRUSTEE
Name CARROLL, JANE
Address 1451 S. OLIVE AVENUE
City-State-Zip: WEST PALM BEACH FL 33401

Title CFO
Name SAFRANEK, JOHN
Address 1451 SOUTH OLIVE AVENUE
City-State-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: JOHN L SAFRANEK

CFO

01/04/2017

Electronic Signature of Signing Officer/Director Detail

Date