

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702292

**FILED**  
**Jan 30, 2019**  
**Secretary of State**  
**7114817160CC**

**Entity Name:** NORTON MUSEUM OF ART, INC.

**Current Principal Place of Business:**

1450 S DIXIE HIGHWAY  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1450 S DIXIE HIGHWAY  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 59-0624432

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAFRANEK, JOHN L  
1450 S DIXIE HIGHWAY  
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

01/30/2019

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

01/30/2019

Electronic Signature of Signing Officer/Director Detail

Date