

**2013 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:**

BUKOWSKI, LUCY S  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

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

Title STR  
Name MAYVILLE, JANINE  
Address 1451 S. OLIVE AVENUE  
City-State-Zip: WEST PALM BEACH FL 33401

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

Title VTR  
Name JOEY, PEARSON  
Address 1451 S. OLIVE AVENUE  
City-State-Zip: WEST PALM BEACH FL 33401

Title VTR  
Name RUBENSTEIN, MITCHELL  
Address 1451 S. OLIVE AVENUE  
City-State-Zip: WEST PALM BEARCH 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:** HOPE ALSWANG

**DIRECTOR**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date