FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **702289** **(0)**

1. Corporation Name

THE DELAND MUSEUM OF ART, INC.

Principal Place of Business	Mailing Address
600 N WOODLAND BLVD DELAND FL 32720-3447 US	600 N WOODLAND BLVD DELAND FL 32720-3447 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1961	3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-0678769	☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30
5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	**$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

TISON, ANNE
804 EASTOVER CIR
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name: Mary Ann Lawrence
82 Street Address (P.O. Box Number is Not Acceptable): 2721 Charleston Place
83
84 City: DeLand **FL** 85 Zip Code: 32720

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mary Ann Lawrence — 3/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GREER, BRYNDA 860 E. PENNSYLVANIA AVE DELAND, FL 00000	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	500001 4802.25 -04/19/95--01054--010 *****70.00 *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JACKSON, RANDY 819 OAK TREE TERRACE DELAND, FL 0	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VD ☒ Change ☐ Addition Edward T. Lacey 3356 Circle Oaks Trail DeLand, FL 32724
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MESSERSMITH, HARRY 726 N. BOSTON AVENUE DELAND, FL 00000	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ARNOLD, HARRY 2555 COUNTRY SQUIRE LANE DELAND FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	TD ☒ Change ☐ Addition Everette Johnson 950 W. Park Place DeLand, FL 32720
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TISON, ANNE 804 EASTOVER CIRCLE DELAND FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	PD ☒ Change ☐ Addition Mary Ann Lawrence 2721 Charleston Place DeLand, FL 32720
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition SM 4/18

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Ann Lawrence — 3/15/95 — 904-734-4371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mary Ann Lawrence

000007