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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **702289**

1. Corporation Name
THE DELAND MUSEUM OF ART, INC.

455355 - 90040 - 18

Principal Place of Business	Mailing Address
600 N WOODLAND BLVD DELAND FL 32720-3447 US	600 N WOODLAND BLVD DELAND FL 32720-3347 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/15/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0678769 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BLAIS, STEPHEN
245 SO WOODLAND BLVD.
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name: Mark Alexander
82 Street Address (P.O. Box Number is Not Acceptable): 600 N. Woodland Blvd.
83
84 City: DeLand FL 85 Zip Code: 32720

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ 4/27/99
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	PDM	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	BLAIS, STEPHEN		1.2 NAME	Nancee Bailey	
STREET ADDRESS	245 SO WOODLAND BLVD.		1.3 STREET ADDRESS	1155 County Road 4139	
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP	DeLand, FL 32724	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DASCHER, NANCY		2.2 NAME		
STREET ADDRESS	3350 BLACK WILLOW RTR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		2. 4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOWELL, HELEN		3.2 NAME		
STREET ADDRESS	3320 BUFFALO TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		3.4. CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	JOHNSON, EVERETTE		4. 2 NAME	Paul Rasch, II	
STREET ADDRESS	950 W. PARK PLACE		4.3 STREET ADDRESS	730 Independence Dr.	
CITY-ST-ZIP	DELAND FL 32720		4.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE		☐ DELETE	5.1 TITLE	M	☐ Change ☒ Addition
NAME			5.2 NAME	Mark Alexander	
STREET ADDRESS			5.3 STREET ADDRESS	600 N. Woodland Blvd.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	DeLand, FL 32720	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/27/99 904-734-4371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #