4/1/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
04-01-2002 90605 022 ****61.35

DOCUMENT # 702289

1. Entity 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 32720-3347 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0678769 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DANBERGER, DOROTHY 600 N WOODLAND BLVD DELAND FL 32720	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ Dorothy Dansberger, Manager 3/19/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DASCHER, NANCY 3350 BLACK WILLOW RTR. DELAND FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TP Dreggors, Wayne 528 W. University Ave. DeLand, FL 32720
				☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DREGGORS, WAYNE 528 W. UNIVERSITY AVE. DELAND FL 32720	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP de Parry, Astrid 113 Lake Winnemissett Dr. DeLand, FL 32724
				☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRAKEMAN, LOUISE 522 PRINCEWOOD DR. DELAND FL 32724	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS Hallmon, Gail 226 N. Arlington DeLand, FL 32724
				☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SAMUEL, GRENADETTE 1540 ROCKWELL HEIGHTS DR. DELAND FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT
				☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M DANSBERGER, DOROTHY 600 N. WOODLAND BLVD. DELAND FL 32720-3447	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Coolidge, Jennifer 600 N. Woodland Blvd. DeLand, Fl 32720
				☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
				☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jennifer Coolidge SIGNATURE REQUIRED Jennifer Coolidge, Exec. Director 3/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #