2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# 702289

Entity Name: THE DELAND MUSEUM OF ART, INC.

Current Principal Place of Business:

600 N WOODLAND BLVD
DELAND, FL 327203447 US

New Principal Place of Business:

Current Mailing Address:

600 N WOODLAND BLVD
DELAND, FL 327203347 US

New Mailing Address:

FEI Number: 59-0678769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOLIDGE, JENNIFER
600 N WOODLAND BLVD
DELAND, FL 32720

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	TVP	( ) Delete
Name:	DE PARRY, ASTRID	
Address:	113 LAKE WINNEMISSETT DR	
City-St-Zip:	DELAND, FL 32724	
Title:	V	( ) Delete
Name:	GEORGE, L	
Address:	PO BOX 2854	
City-St-Zip:	DE LAND, FL 32721	
Title:	S	( ) Delete
Name:	FRANK, MICHAEL	
Address:	1890 SEMORAN BWD ST	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	T	( ) Delete
Name:	SARKE, TEALE	
Address:	2105 N WORDLAND BWD	
City-St-Zip:	DELAND, FL 32720	
Title:	D	( ) Delete
Name:	COOLIDGE, JENNIFER	
Address:	600 N WOODLAND BLVD	
City-St-Zip:	DELAND, FL 32720	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LILAS GEORGE PRES 04/28/2004

Electronic Signature of Signing Officer or Director — Date