2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State
07-15-2005 90023 013 ****61.25

DOCUMENT # 702289

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

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

Mailing Address
600 N WOODLAND BLVD
DELAND, FL 32720-3347 US

Z00064289

07012005 No Chg-NP CR2E037 (10/03)

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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

COOLIDGE, JENNIFER
600 N WOODLAND BLVD
DELAND, FL 32720

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jennifer Coolidge 7-12-05 386-734-4371
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GEORGE, LILIS
STREET ADDRESS	PO BOX 2854
CITY-ST-ZIP	DE LAND, FL 32721
TITLE	P
NAME	FRONK, MICHAEL
STREET ADDRESS	1890 SEMORAN BWD ST
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	T
NAME	PARKE, TEALE
STREET ADDRESS	2105 N WOODLAND BWD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	COOLIDGE, JENNIFER
STREET ADDRESS	600 N WOODLAND BLVD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	S
NAME	ROLLINS, JACK
STREET ADDRESS	220 E. UNIVERSITY AVE.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] 6/24/05 386 734 5441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #