2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90138 021 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES

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: Jennifer Coolidge Street Address (P.O. Box Number is Not Acceptable): The Deland Museum of Art 600 N. Woodland Blvd City: Deland, FL Zip Code: 32720

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 McCann Coolidge 1-8-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP DE PARRY, ASTRID 113 LAKE WINNEMISSETT DR DELAND FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TP DREGGORS, WAYNE 528 W. UNIVERSITY AVE. DELAND FL 32720	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Lynn George PO Box 2854 Deland, FL 32721-2854 ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS HALLMON, GAIL 226 N ARLINGTON DELAND FL 32724	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Michael Frank 1890 Semoran Blvd. St. 393 Winter Park, FL 32792 ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT SAMUEL, GRENADETTE 1540 ROCKWELL HEIGHTS DR. DELAND FL 32724	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Sarke Teale 2105 N. Woodland Blvd. Deland, FL 32720 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOLIDGE, JENNIFER 600 N WOODLAND BLVD DELAND FL 32720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 1-8-03 386-734-4371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR