

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90387 035 ****61.25

DOCUMENT # 704919

1. Entity Name
MUSEUM OF ARTS AND SCIENCES, INC.



Principal Place of Business
1040 MUSEUM BOULEVARD
DAYTONA BEACH, FL 32114

Mailing Address
1040 MUSEUM BOULEVARD
DAYTONA BEACH, FL 32114

2. Principal Place of Business
352 S NOVA ROAD

3. Mailing Address
352 S NOVA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172006 Chg-NP CR2E037 (11/05)

City & State
DAYTONA BEACH, FLORIDA

City & State
DAYTONA BEACH, FLORIDA

4. FEI Number
59-1022050

Applied For
Not Applicable

Zip
32114

Country
USA

Zip
32114

Country
USA

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

LYDECKER, CHRISTINE
1040 MUSEUM BLVD.
DAYTONA BEACH, FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)
352 S NOVA ROAD

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

SIGNATURE

Signature, typed or printed name of registered agent or, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE	ST	<input type="checkbox"/> Delete
NAME	YOUNG, BARBARA	
STREET ADDRESS	91 N ST ANDREWS DR	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	BROWN, CYNTHIA R	
STREET ADDRESS	213 RIVERSIDE DR	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	KLANKKE, KIM	
STREET ADDRESS	290 OAK DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ALLEN, DEBORAH	
STREET ADDRESS	PO BOX 1838	
CITY-ST-ZIP	ORMOND BEACH, FL 32175	
TITLE	T	<input type="checkbox"/> Delete
NAME	LYDECKER, CHRISTINE	
STREET ADDRESS	18 BROADRIVER RD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, MARC	
STREET ADDRESS	2 BRADDOCK AVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PT DAVIDSON, MARC
STREET ADDRESS	2 BRADDOCK AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Marc Davidson

3/15/06

386-252-8365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #