

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704919

FILED
Sep 02, 2008
Secretary of State

Entity Name: MUSEUM OF ARTS AND SCIENCES, INC.

Current Principal Place of Business:

352 S NOVA RD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

352 S NOVA RD
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-1022050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RAMBO, BILL
352 S NOVA RD
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

KLANCKE, KIM
352 S NOVA RD
DAYTONA BEACH, FL 32114 US

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: KIM KLANCKE

09/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: YOUNG, BARBARA
Address: 91 N ST ANDREWS DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPT () Delete
Name: KLANCKE, KIM
Address: 290 OAK DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: VPT () Delete
Name: ALLEN, DEBORAH
Address: PO BOX 1838
City-St-Zip: ORMOND BEACH, FL 32175

Title: T () Delete
Name: RAMBO, BILL
Address: 165 GULL CIRCLE NORTH
City-St-Zip: DAYTONA BEACH, FL 32119

Title: PT () Delete
Name: DAVIDSON, MARC
Address: 2 BADDOCK AVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: ZACHARIAS, ALLISON
Address: 1945 DEERFOOT RUN
City-St-Zip: DELAND, FL 32720

Title: VPT (X) Change () Addition
Name: COLEMAN, BARBARA
Address: 305 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: VPT (X) Change () Addition
Name: YOUNG, BARBARA
Address: 91 N, ST. ANDREWS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: T (X) Change () Addition
Name: KLANCKE, KIM
Address: 290 OAK DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: PT (X) Change () Addition
Name: ALLEN, DEBORAH
Address: P.O. BOX 1838
City-St-Zip: ORMOND BEACH, FL 32175

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KIM KLANCKE

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09/02/2008

Electronic Signature of Signing Officer or Director

Date