

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704919

FILED
Jan 23, 2009
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:

352 S NOVA RD
DAYTONA BEACH, FL 32114 US

Current Mailing Address:

352 S NOVA RD
DAYTONA BEACH, FL 32114

New Mailing Address:

352 S NOVA RD
DAYTONA BEACH, FL 32114 US

FEI Number: 59-1022050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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: ST () Delete
Name: ZACHARIAS, ALLISON
Address: 1945 DEERFOOT RUN
City-St-Zip: DELAND, FL 32720

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

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TT (X) Change () Addition
Name: LYDECKER, CHRIS
Address: 18 BROADRIVER ROAD
City-St-Zip: ORMOND BEACH, FL 32174 US

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

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

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

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

ATT

01/23/2009

Electronic Signature of Signing Officer or Director

Date