

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704919

FILED
Apr 26, 2011
Secretary of State

Entity Name: MUSEUM OF ARTS AND SCIENCES, INC.

Current Principal Place of Business:

352 S NOVA RD
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

352 S NOVA RD
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-1022050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC
150 MAGNOLIA AVE
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: VPT
Name: ZACHARIAS, ALLISON
Address: 1945 DEERFOOT RUN
City-St-Zip: DELAND, FL 32720 US

Title: PT
Name: COLEMAN, BARBARA
Address: 305 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

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

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

Title: PPT
Name: ALLEN, DEBORAH
Address: P.O. BOX 1838
City-St-Zip: ORMOND BEACH, FL 32175 US

Title: AS
Name: KLANCKE, KIM
Address: 290 OAK DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH B ALLEN

ED

04/26/2011

Electronic Signature of Signing Officer or Director

Date