

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704919

FILED
Apr 20, 2012
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: PT
Name: PLATIG, CAROL LIVELY
Address: 1 OLD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VPT
Name: LYDECKER, CHRIS
Address: 607 N BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: TT
Name: HELLER-JACKSON, PATRICIA
Address: 4299 S ATLANTIC AVENUE
City-St-Zip: PONCE INLET, FL 32127 US

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

Title: AVPT
Name: JACOBS, JANET
Address: 1022 STONE LAKE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: ST
Name: DAWSON, MELINDA
Address: 316 WENTWORTH AVENUE
City-St-Zip: DAYTONA BEACH, FL 32124 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

IED

04/20/2012

Electronic Signature of Signing Officer or Director

Date