FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:14

DOCUMENT # 706206 (0)

1. Corporation Name
ORMOND MEMORIAL ART MUSEUM, INC.

Principal Place of Business	Mailing Address
78 EAST GRANADA BOULEVARD ORMOND BEACH FL 32176	78 EAST GRANADA BOULEVARD ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1963
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-6152272 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / 29 Country 25 / 30
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BAIRD, SANDRA
78 EAST GRANADA BOULEVARD
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name: LENSSEN, MARY
82 Street Address (P.O. Box Number Is Not Acceptable): 78 EAST GRANADA BLVD
83
84 City: ORMOND BEACH FL 85 Zip Code: 32176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

X SIGNATURE: Mary Lenssen President 2/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	BAIRD, SANDRA	1.2 NAME	LENSSEN, MARY	
STREET ADDRESS	78 EAST GRANADA BOULEVARD	1.3 STREET ADDRESS	78 EAST GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	GREENING, SYBIL	2.2 NAME		
STREET ADDRESS	78 EAST GRANADA BOULEVARD	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	MARTIN, BEVERLY	3.2 NAME	BURT, ANN	
STREET ADDRESS	78 EAST GRANADA AVENUE	3.3 STREET ADDRESS	78 EAST GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	SD	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	BURT, ANN	4.2 NAME	MASON, JANE	
STREET ADDRESS	78 EAST GRANADA BOULEVARD	4.3 STREET ADDRESS	78 EAST GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	TD	5.1 TITLE	SCHODER, DONNA	☑ Change ☐ Addition
NAME	LENSSEN, MARY	5.2 NAME		
STREET ADDRESS	78 EAST GRANADA BOULEVARD	5.3 STREET ADDRESS	78 EAST GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

X SIGNATURE: Mary Lenssen MARY LENSSEN President 2/7/95 (904)439-2711
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — (Telephone Number)

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