


FILED
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Secretary of State

02-22-1999 90103 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 706206					
1. Corporation Name ORMOND MEMORIAL ART MUSEUM, INC.					
Principal Place of Business 78 EAST GRANADA BOULEVARD ORMOND BEACH FL 32176			Mailing Address 78 EAST GRANADA BOULEVARD ORMOND BEACH FL 32176		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/25/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6152272	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25		30			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SCHODER, DONNA 78 EAST GRANADA BLVD ORMOND BEACH FL 32176			81 Name Will Lenssen 82 Street Address (P.O. Box Number is Not Acceptable) 78 E. Granada Blvd 83 Ormond Bch 84 City Fla FL 85 Zip Code 32176		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE <i>William Lenssen</i> DATE 3-25-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD Will Lenssen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHODER, DONNA		1.2 NAME	78 E. Granada Blvd	
STREET ADDRESS	78 EAST GRANADA BLVD.		1.3 STREET ADDRESS	Ormond Bch Fla 32176	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD Barbara Young	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERSON, SANG		2.2 NAME	78 East Granada Blvd	
STREET ADDRESS	78 EAST GRANADA BLVD.		2.3 STREET ADDRESS	Ormond Bch Fla 32176	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD Susie Keough	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSSMEYER, SANDY		3.2 NAME	78 E. Granada Blvd	
STREET ADDRESS	78 EAST GRANADA BLVD		3.3 STREET ADDRESS	Ormond Bch Fla 32176	
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD Sandy Kissmeyer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, BARBARA		4.2 NAME	78 E. Granada Blvd	
STREET ADDRESS	78 EAST GRANADA BLVD		4.3 STREET ADDRESS	Ormond Bch Fla 32176	
CITY-ST-ZIP	ORMOND BEACH FL		4.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD Beth O'Sear	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, SUE		5.2 NAME	78 E. Granada Blvd	
STREET ADDRESS	78 EAST GRANADA BLVD		5.3 STREET ADDRESS	Ormond Bch Fla 32176	
CITY-ST-ZIP	ORMOND BEACH FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *William Lenssen* SIGNATURE REQUIRED *Will Lenssen* 1/8/99 904-257-6385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)