## **2007 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

**DOCUMENT #706206** 



FILED Jan 08, 2007 8:00 am Secretary of State

1. Entity Name ORMOND MEMORIAL ART MUSEUM, INC.									01-06-2007	7025 <del>1</del> 055	01.	.23	
78 EAST GRANADA BOULEVARD 7			78 E	ailing Address 8 EAST GRANADA BOULEVARD RMOND BEACH, FL 32176				 Lingto (Cali)		111 <b>019</b> 11 <b>610</b> 14 <b>0</b> 16	1 GIBIH WINK BI	MATI EL PETI	
Principal Place of Business - No P.O. Box #     3. Mailing Address					-								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				01032007	Chg-NP	CR2E03	7 (12/06)		
City & State			City	City & State			4. Fi		272			pplied For ot Applicable	
Zip Country			Zip		untry	5. Certificate of Status Desired							
6. Name and Address of Current Register			t Registere	d Agent		7. Name and Address of New Registered Agent							
GEYER T	HERESA					Name							
GEYER, THERESA 78 E GRANADA BLVD ORMOND BEACH, FL 32176							Street Address (P.O. Box Number is Not Acceptable)						
				C							Zip Coo	10	
					· · · · · ·			•		<u>FL</u>	1		
8. The above the obligat	named entity tions of registe	y submits this statement ered agent.	for the purpo	se of changing its	registere	ed office or	registere	ed agent, or both	n, in the State of F	lorida. I am f	amiliar with,	and accept	
SIGNATURE		or printed name of registered age	nt and title if appli	Icable. (NOTE	: Registere	d Agent signati	beyindel evi	when reinstating)		DATE	<u> </u>	<del></del>	
SIGNATURE	Signature, typed Filling Fed	or printed name of registered ages e is \$61.25 lay 1, 2007	nt and title if appli	9. Election Can Trust Fund C	npaign F	inancing		when reinstating) \$5.00 May Be Added to Fees		DATE Wake check Irida Depart			
SIGNATURE	Signature, typed Filling Fed	e is \$61.25		9. Election Can	npaign F	inancing		\$5.00 May Be Added to Fees		Make check rida Depart	ment of S	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

386-676.334