

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706206

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: ORMOND MEMORIAL ART MUSEUM, INC.

**Current Principal Place of Business:**

78 EAST GRANADA BOULEVARD  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

**Current Mailing Address:**

78 EAST GRANADA BOULEVARD  
ORMOND BEACH, FL 32176

**New Mailing Address:**

FEI Number: 59-6152272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LENSSEN, ALEXIS  
78 E GRANADA BLVD  
ORMOND BEACH, FL 32176 US

**Name and Address of New Registered Agent:**

RICHMOND, SUSAN  
78 E GRANADA BLVD  
ORMOND BEACH, FL 32176 US

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: SR

02/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LENSSON, ALEXIS  
Address: 78 E GRANADA BLVD  
City-St-Zip: ORMOND BEACH, FL 32176

Title: VPD ( ) Delete  
Name: PERKINS, BARBARA  
Address: 78 E GRANADA BLVD  
City-St-Zip: ORMOND BEACH, FL 32176

Title: SD ( ) Delete  
Name: GEYER, THERESA  
Address: 78 E GRANADA BLVD  
City-St-Zip: ORMOND BEACH, FL 32176

Title: TD ( ) Delete  
Name: CAMPOS, LOUCRETIA  
Address: 78 EAST GRANADA BLVD  
City-St-Zip: ORMOND BEACH, FL 32176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: GREENLEES, MARY  
Address: 78 EAST GRANADA BLVD.  
City-St-Zip: ORMOND BEACH, FL 32176

Title: \ (X) Change ( ) Addition  
Name: \, \  
Address: \  
City-St-Zip: \, \, \

Title: \ (X) Change ( ) Addition  
Name: \, \  
Address: \  
City-St-Zip: \, \, \

Title: \ (X) Change ( ) Addition  
Name: \, \  
Address: \  
City-St-Zip: \, \, \

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MG

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date