

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706206

**Entity Name:** ORMOND MEMORIAL ART MUSEUM, INC.

**Current Principal Place of Business:**

78 EAST GRANADA BOULEVARD  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

78 EAST GRANADA BOULEVARD  
ORMOND BEACH, FL 32176

**FEI Number:** 59-6152272

**Certificate of Status Desired:** Yes

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

MASON-TEAGUE, STEPHANIE  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MUSEUM DIRECTOR  
Name MASON-TEAGUE, STEPHANIE  
Address 78 EAST GRANADA BLVD.  
City-State-Zip: ORMOND BEACH FL 32176

Title PAST PRESIDENT  
Name BUTLER, AUDREY  
Address 78 E. GRANADA BLVD  
City-State-Zip: ORMOND BEACH FL 32176

Title PRESIDENT  
Name DYE, LAUREN  
Address 78 E. GRANADA BLVD.  
City-State-Zip: ORMOND BEACH FL 32176

Title VP  
Name MILLER, ALLISON  
Address 78 E. GRANADA BLVD  
City-State-Zip: ORMOND BEACH FL 32176

Title TREASURER  
Name SCOTT, JESSICA  
Address 78 E. GRANADA BLVD.  
City-State-Zip: ORMOND BEACH FL 32176

Title SECRETARY  
Name FRANKEL, MELISSA  
Address 78 E. GRANADA BLVD.  
City-State-Zip: ORMOND BEACH FL 32176

*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:** STEPHANIE MASON-TEAGUE

MUSEUM DIRECTOR

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date