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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:17

DOCUMENT # 700373 (4)

1. Corporation Name
TALLAHASSEE MUSEUM OF HISTORY AND NATURAL SCIENCE, INC.

Principal Place of Business	Mailing Address
3945 MUSEUM DRIVE TALLAHASSEE FL 32310	3945 MUSEUM DRIVE TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1960
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-0838924 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DAWS, RUSSELL S
3042 CLOUDLAND DRIVE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CAREY, SUSAN	1.2 NAME	SANDERS, LORRAINE	
STREET ADDRESS	8261 HUNTERS RIDGE TRAIL	1.3 STREET ADDRESS	8344 CHICKASAW TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32312	1.4 CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SANDERS, LORRAINE	2.2 NAME	WHITE, DAVID	
STREET ADDRESS	4110 CHELMSFORD RD.	2.3 STREET ADDRESS	P.O. BOX 5199 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	TALLAHASSEE FL 32314	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	WHITE, DAVID	3.2 NAME	SILVESTRI, KEN	
STREET ADDRESS	P.O. BOX 5199 N/A	3.3 STREET ADDRESS	1294 TIMBERLANE RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32314	3.4 CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	PRESCOTT, JO ANN	4.2 NAME	WILLIS, CINDY	
STREET ADDRESS	4122 CHELMSFORD RD.	4.3 STREET ADDRESS	206 MILL BRANCH RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DAWS, RUSSELL S	5.2 NAME		
STREET ADDRESS	3042 CLOUDLAND DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP		
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.

SIGNATURE: Russell S. Daws Russell S. Daws 3/6/95 904 576-2531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027489