FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: 01/28/1960
3a. Date of Last Report: 03/09/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

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 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 _____ 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	T	☐ DELETE	1.1 TITLE	V	☑ Change ☐ Addition
NAME	SILVESTRI, KEN		1.2 NAME	Silvestri, Ken	
STREET ADDRESS	1294 TIMBERLANE RD		1.3 STREET ADDRESS	1294 Timberlane Rd	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, Fl 32312	
TITLE	PD	☑ DELETE	2.1 TITLE	P	☑ Change ☐ Addition
NAME	SANDERS, LORRAINE		2.2 NAME	David White	
STREET ADDRESS	8344 CHICKASAW TRAIL		2.3 STREET ADDRESS	P.O. Box 5199 N/A	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, Fl 32314	
TITLE	VD	☐ DELETE	3.1 TITLE	T	☐ Change ☑ Addition
NAME	WHITE, DAVID		3.2 NAME	Ross Obley	
STREET ADDRESS	P.O. BOX 5199 N/A		3.3 STREET ADDRESS	3897 Runnymede Rd	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee, Fl 32308	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIS, CINDY		4.2 NAME		
STREET ADDRESS	206 MILL BRANCH RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	700001767107	☐ Change ☐ Addition
NAME	DAWS, RUSSELL S		5.2 NAME	-04/02/96--01121--002	
STREET ADDRESS	3042 CLOUDLAND DRIVE		5.3 STREET ADDRESS	***70.00	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 3/25/96 904-576-2531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #