

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 MAR -4 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700373 (4)

1. Corporation Name

TALLAHASSEE MUSEUM OF HISTORY AND NATURAL SCIENC
E, INC.

Principal Place of Business

Mailing Address

3945 MUSEUM DRIVE
TALLAHASSEE FL 32310

3945 MUSEUM DRIVE
TALLAHASSEE FL 32310-6325



3. Date Incorporated or Qualified
01/28/1960

3a. Date of Last Report
04/02/1996

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

2. Principal Place of Business

2b. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAWS, RUSSELL S
3042 CLOUDLAND DRIVE
TALLAHASSEE FL 32312

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME SILVESTRI, KEN
STREET ADDRESS 1294 TIMBERLANE RD
CITY-ST-ZIP TALLAHASSEE FL 32312

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Silvestri, Ken
1.3 STREET ADDRESS 1435 Piedmont Dr E, Ste 210
1.4 CITY-ST-ZIP Tallahassee Fl 32312

TITLE P ☐ DELETE
NAME WHITE, DAVID
STREET ADDRESS P.O. BOX 5199 N/A
CITY-ST-ZIP TALLAHASSEE FL 32314

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME Eaton, Ray
2.3 STREET ADDRESS 427 Teal Lane
2.4 CITY-ST-ZIP Tallahassee fl 32308

TITLE VD ☒ DELETE
NAME WHITE, DAVID
STREET ADDRESS P.O. BOX 5199 N/A
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME WILLIS, CINDY
STREET ADDRESS 208 MILL BRANCH RD
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE Vice President ☒ Change ☐ Addition
4.2 NAME Willis, Cindy
4.3 STREET ADDRESS 2059 Miller Landing
4.4 CITY-ST-ZIP Tallahassee Fl 32312

TITLE D ☐ DELETE
NAME DAWS, RUSSELL S
STREET ADDRESS 3042 CLOUDLAND DRIVE
CITY-ST-ZIP TALLAHASSEE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME OBLEY, ROSS
STREET ADDRESS 3897 RUNNYMEDE RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

6.1 TITLE Treasurer ☐ Change ☐ Addition
6.2 NAME Obley, Ross
6.3 STREET ADDRESS 3897 Runnymede Road
6.4 CITY-ST-ZIP Tallahassee Fl 32308

14. I do hereby certify that the information supplied with this filing 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97

Date

Daytime Phone # 0000277

CR2E037 (9/96)