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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700373

1. Corporation Name

**TALLAHASSEE MUSEUM OF HISTORY AND NATURAL SCIENC
E, INC.**

Principal Place of Business

**3945 MUSEUM DRIVE
TALLAHASSEE FL 32310**

Mailing Address

**3945 MUSEUM DRIVE
TALLAHASSEE FL 32310**



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/28/1960
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0838924 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

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 NAME STREET ADDRESS CITY-ST-ZIP	VP PFAENDER, BRUNETTA 6175 VENDURA WAY TALLAHASSEE FL 32311 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S/Tr ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EATON, RAY 427 TEAL LANE TALLAHASSEE FL 32308 ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T/Tr Adam Levinson 1700 Metropolitan Blvd. Tallahassee, FL 32308 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIS, CINDY 2059 MILLER LANDING TALLAHASSEE FL 32312 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWS, RUSSELL S 3042 CLOUDLAND DRIVE TALLAHASSEE FL ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OBLEY, ROSS 3897 RUNNYMEDE RD. TALLAHASSEE FL 32308 ☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VP Allan Franklin, Jr. 417 Holly Hill Court Tallahassee, FL 32312 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/99 (850) 576-2531

CR2E037 (11/98)