

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

DOCUMENT # 708127 (6)

1. Corporation Name

MUSEUM OF SCIENCE AND HISTORY OF JACKSONVILLE, I
NC.



Principal Place of Business

Mailing Address

1025 MUSEIM CIRCLE
JACKSONVILLE FL 32207

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JACKSONVILLE FL 32207

3. Date Incorporated or Qualified
11/17/1964

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number
59-0651090

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23

28

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, SARAH S.
3914 ORTEGA BLVD
JACKSONVILLE FL 32210

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 VT
NAME SMATHERS, SUSAN G.
STREET ADDRESS 4312 PAWNEE STREET
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

1.1 TITLE P-T
1.2 NAME Smathers, Susan G.
1.3 STREET ADDRESS 4051 Timuquana Road
1.4 CITY-ST-ZIP Jacksonville FL 32210 ☒ Change ☐ Addition

TITLE PD
NAME JONES, A. CRANE
STREET ADDRESS 2861 SPANISH CODE TR
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ DELETE

2.1 TITLE V-T
2.2 NAME Baker, J. Stewart III
2.3 STREET ADDRESS 1007 Elder Lane
2.4 CITY-ST-ZIP Jacksonville FL 32207 ☐ Change ☒ Addition

TITLE V
NAME WHITE, A. QUINTON M.D.
STREET ADDRESS 3040 N. MERLIN DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ DELETE

3.1 TITLE P-Elect - T
3.2 NAME White, A. Quinton PhD.
3.3 STREET ADDRESS 3040 N. Merlin Drive
3.4 CITY-ST-ZIP Jacksonville, FL 32257 ☒ Change ☐ Addition

TITLE T
NAME DRUCE, WENDY
STREET ADDRESS 403 PONTE VEDRA BLVD.
CITY-ST-ZIP PONTE VEDRA BCH. FL ☒ DELETE

4.1 TITLE T-T
4.2 NAME McCorkle, Holly
4.3 STREET ADDRESS 1971 River Road
4.4 CITY-ST-ZIP Jacksonville, FL 32207 ☐ Change ☒ Addition

TITLE S
NAME WARREN, CLEVE E
STREET ADDRESS 10543 ARROWHEAD COURT
CITY-ST-ZIP JACKSONVILLE FL 32257 ☒ DELETE

5.1 TITLE S-T
5.2 NAME Henry Loomis
5.3 STREET ADDRESS 4661 Ortega Island Drive
5.4 CITY-ST-ZIP Jacksonville, FL 32210 ☐ Change ☒ Addition

TITLE V
NAME HALL, DONNA
STREET ADDRESS 4124 W ALHAMBRA DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207 ☒ DELETE

6.1 TITLE V-T
6.2 NAME Thoele, Larry J.
6.3 STREET ADDRESS 5063 Charlemagne Rd.
6.4 CITY-ST-ZIP Jacksonville, FL 32210 ☐ Change ☒ Addition

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 199.07(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:

A. Quinton White

2-1/1/96 (904) 745-7301

Date Daytime Phone #

05 4/11/96

CR2E037 (12/95)