SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	1025 MUSEIM CIRCLE JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/17/1964**
3a. Date of Last Report: **04/11/1996**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: **59-0651090** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAYLOR, SARAH S.
3914 ORTEGA BLVD
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: Margo Dundon, Executive Director
82 Street Address (P.O. Box Number is Not Acceptable): 1025 Museum Circle
83
84 City: Jacksonville **FL** 85 Zip Code: 32207

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: Margo Dundon, Exec. Dir. (Signature, typed or printed name of registered agent and title if applicable.) Margo Dundon (NOTE: Registered Agent signature required when reinstating) DATE: 7/24/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE	Tr	☐ Change ☐ Addition
NAME	SMATHERS, SUSAN G.		1.2 NAME		
STREET ADDRESS	4051 TIMUQUANA ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	Tr	☒ Change ☐ Addition
NAME	JONES, A. CRANE		2.2 NAME		
STREET ADDRESS	2861 SPANISH CODE TR		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32259		2.4 CITY-ST-ZIP		
TITLE	PT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, A. QUINTON M.D.		3.2 NAME		
STREET ADDRESS	3040 N. MERLIN DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		3.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, J. STEWART		4.2 NAME		
STREET ADDRESS	1007 ELDER LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCORKLE, HOLLY		5.2 NAME		
STREET ADDRESS	1971 RIVER ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		5.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	6.1 TITLE	TV	☐ Change ☑ Addition
NAME	LOOMIS, HENRY		6.2 NAME	Larry E. Thoele	
STREET ADDRESS	4661 ORTEGA ISLAND DRIVE		6.3 STREET ADDRESS	5063 Charlemagne Rd	
CITY-ST-ZIP	JACKSONVILLE FL 32210		6.4 CITY-ST-ZIP	Jacksonville, FL 32210	

CR2E037 (4/97)

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: SIGNATURE REQUIRED DATE: