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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC 17 PM 1:50
TALLAHASSEE, FLORIDA

DOCUMENT # 708127

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

[redacted]

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/17/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0651090 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent

DUNDON, MARGO
1025 MUSEUM CIRCLE
JACKSONVILLE FL 32207

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PE (T) FLETCHER, JEROME P.O. BOX 1219 N/A PONTE VEDRA BEACH FL 32004	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT-T FLETCHER, JEROME	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(T) JONES, A. CRANE 2881 SPANISH CODE TR JACKSONVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP (T) WHITE, A. QUINTON M.D. 3040 N. MERLIN DRIVE JACKSONVILLE FL 32257	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	AT-LARGE WHITE, A. QUINTON	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P (T) BAKER, J. STEWART 1007 ELDER LANE JACKSONVILLE FL 32207	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PAST PRESIDENT BAKER, J. STEWART	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V (T) MCCORKLE, HOLLY 1971 RIVER ROAD JACKSONVILLE FL 32207	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	02-22-1999 90125 044 6125	☐ Change ☐ Addition TS 3/16/99
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(T) BAKER, THOMPSON S P.O. BOX 4667 N/A JACKSONVILLE FL 32201	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	PRESIDENT ELECT (T) WELCH, JOHN 200 N. LAURA STREET JACKSONVILLE, FL 32202	☐ Change ☒ Addition

CR2E037 (11/98)

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 REQUIRED _____ 1-8-99 Date 904-396-7062 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARGO DUNDON, DIRECTOR