NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90085 045 ****61.25

DOCUMENT # 708127 ✓

1. Entity Name

Museum of Science & History
of Jacksonville, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1025 Museum Circle	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0651090 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Dundon, Margo

Street Address (P.O. Box Number is Not Acceptable): 1025 Museum Circle

City: Jacksonville, **FL** Zip Code: 32207

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	p	
NAME	Rummell, Lee Ann	T
STREET ADDRESS	2538 River Rd.	
CITY-ST-ZIP	~~Jacksonville, FL 32207~~	
TITLE	VP	
NAME	O'Grady, John	T
STREET ADDRESS	50 N. Laura St.	
CITY-ST-ZIP	Jax., FL 32202	
TITLE	T	
NAME	Ryzewic, Susan	T
STREET ADDRESS	5000 Sawgrass Village Dr	
CITY-ST-ZIP	Ponte Vedra, FL 32082	
TITLE	S	
NAME	Walton, Dori	T
STREET ADDRESS	545 Ponte Vedra Blvd.	
CITY-ST-ZIP	Ponte Vedra, FL 32082	
TITLE	past chair	
NAME	Welch, JOhn	T
STREET ADDRESS	200 N. Laura St.	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	at large	
NAME	Baker, Stew	T
STREET ADDRESS	PO Box 2340	
CITY-ST-ZIP	Jacksonville, FL 32202	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Margo Dundon