2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90025 003 ****61.25

DOCUMENT # 708127

1. Entity Name

MUSEUM OF SCIENCE AND HISTORY OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
1025 MUSEUM CIRCLE JACKSONVILLE FL 32207	1025 MUSEUM CIRCLE JACKSONVILLE FL 32207

MOORE CR2E037 (11/03)

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

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

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

6. Name and Address of Current Registered Agent

DUNDON, MARGO
1025 MUSEUM CIRCLE
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT RUMMELL, LEE ANN 2538 RIVER ROAD. JACKSONVILLE FL 32207	☐ Delete	Chair Fletcher, John 672 Ocean Blvd. ~~Atlantic Bch., FL 32233~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FLETCHER, JOHN 1211 N THIRD ST JACKSONVILLE BEACH FL 32250	☐ Delete	Vice Chair Newton, Will 1445 Edgewood Cir ~~Jacksonville, FL 32205~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT RYZEWIC, SUSAN 5000 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH FL 32082	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WALTON, DORI 545 PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082	☐ Delete	Secretary Stevens, Dwaine 8524 Bandera Cir. E. ~~Jacksonville, FL 32244~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCT WELCH, JOHN 200 N. LAURA STREET JACKSONVILLE FL 32202	☐ Delete	IPC Rummell, Lee Ann 2538 River Rd. Jacksonville, FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALT BAKER, STEW PO BOX 2340 JACKSONVILLE FL 32202	☐ Delete		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margo Dundon MARGO DUNDON, PRESIDENT 1/28/04 904-396-7062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #