

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700373

Entity Name: TALLAHASSEE MUSEUM OF HISTORY AND NATURAL SCIENCE, INC.**Current Principal Place of Business:**3945 MUSEUM DRIVE
TALLAHASSEE, FL 32310**Current Mailing Address:**3945 MUSEUM DRIVE
TALLAHASSEE, FL 32310**FEI Number: 59-0838924****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DAWS, RUSSELL S
2300 ORLEANS DRIVE
TALLAHASSEE, FL 32308 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	CARTER, MICHAEL C.
Address	2914 GIVERNY CIRCLE
City-State-Zip:	TALLAHASSEE FL 32309

Title	SECRETARY
Name	JEANNE, ALLEN
Address	8275 CHARRINGTON FOREST BLVD
City-State-Zip:	TALLAHASSEE FL 32312

Title	VC
Name	RUPP, MIKE
Address	602 MCDANIEL STREET
City-State-Zip:	TALLAHASSEE FL 32303

Title	PRESIDENT/CEO
Name	DAWS, RUSSELL S
Address	2300 ORLEANS DRIVE
City-State-Zip:	TALLAHASSEE FL 32308

Title	TREASURER
Name	VICKERS, ROB
Address	3021 BROOKMONT DRIVE
City-State-Zip:	TALLAHASSEE FL 32312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RUSSELL S. DAWS**PRESIDENT/CEO****01/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date