## 2017 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

**FILED** Jan 13, 2017

**Secretary of State** 

CC2547745598

#### Officer/Director Detail:

Title **CHAIRMAN** Title **SECRETARY** Name CARTER, MICHAEL C. Name JEANNE, ALLEN

Address 2914 GIVERNY CIRCLE Address 8275 CHARRINGTON FOREST BLVD

City-State-Zip: TALLAHASSEE FL 32309 City-State-Zip: TALLAHASSEE FL 32312

VC Title PRESIDENT/CEO Title DAWS, RUSSELL S Name RUPP, MIKE Name Address **602 MCDANIEL STREET** Address 2300 ORLEANS DRIVE City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32303

Title **TREASURER** Name VICKERS, ROB

3021 BROOKMONT DRIVE Address TALLAHASSEE FL 32312 City-State-Zip:

SIGNATURE: RUSSELL S. DAWS

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.

Electronic Signature of Signing Officer/Director Detail

PRESIDENT/CEO

01/13/2017

Date