#### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 708127** 

Entity Name: MUSEUM OF SCIENCE AND HISTORY OF JACKSONVILLE, INC.

**FILED** Jan 27, 2023 **Secretary of State** 8658155259CC

# **Current Principal Place of Business:**

1025 MUSEUM CIRCLE JACKSONVILLE, FL 32207

## **Current Mailing Address:**

1025 MUSEUM CIRCLE JACKSONVILLE, FL 32207

FEI Number: 59-0651090 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

AMASON, KATHRYN 1025 MUSEUM CIRCLE JACKSONVILLE, FL 32207 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: KATHRYN AMASON 01/27/2023

T:41 -

CECDETADY

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

T:41-

ritie	CEO	ritie	SECRETARY
Name	FAFARD, BRUCE	Name	FAFARD, BRUCE
Address	1025 MUSEUM CIRCLE	Address	1025 MUSEUM CIRCLE
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207
Title	CHAIRMAN	Title	TREASURER

HARDEN, CHRISTIAN Name AVERY, JUSTIN Name Address 1025 MUSEUM CIRCLE Address 1025 MUSEUM CIRCLE JACKSONVILLE FL 32207 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32207

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.

CEO

SIGNATURE: BRUCE FAFARD