**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 24, 2014**
**Secretary of State**
**CC6121143027**

DOCUMENT# 708127

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

**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:** No

**Name and Address of Current Registered Agent:**

DONNELLY, LAURIE M
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: LAURIE M. DONNELLY 01/24/2014

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | EXD |
| Name | HANE, MARIA EX DIR |
| Address | 1025 MUSEUM CIRCLE |
| City-State-Zip: | JACKSONVILLE FL 32207 |

| | |
|---|---|
| Title | SECRETARY |
| Name | HANE, MARIA |
| Address | 1025 MUSEUM CIRCLE |
| City-State-Zip: | JACKSONVILLE FL 32207 |

| | |
|---|---|
| Title | TREASURER |
| Name | JOHN, MAGEVENY |
| Address | 1025 MUSEUM CIRCLE |
| City-State-Zip: | JACKSONVILLE FL 32207 |

| | |
|---|---|
| Title | CHAIR |
| Name | STEPNOSKI, JIM |
| Address | ONE INDEPENDENT DRIVE, SUITE 1000 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|---|---|
| Title | VICE CHAIR |
| Name | WARE, DABNEY |
| Address | 1025 MUSEUM CIRCLE |
| 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.*

SIGNATURE: MARIA HANE EXECUTIVE DIRECTOR 01/24/2014

Electronic Signature of Signing Officer/Director Detail — Date