2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2013
Secretary of State
CC1875216416

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:

BLANCHARD, JACQUELYN MFIN DIR
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	EXD
Name	HANE, ANNA MEXE DIR
Address	1025 MUSEUM CIRCLE
City-State-Zip:	JACKSONVILLE FL 32207

Title	VC1
Name	WELCH, LANE VC1
Address	1025 MUSEUM CIRCLE
City-State-Zip:	JACKSONVILLE FL 32207

Title	TT
Name	WOODALL, WOODY TT
Address	601 RIVERSIDE AVE.,12TH FL
City-State-Zip:	JACKSONVILLE FL 32204

Title	CH
Name	SURFACE, JOHN CHAIR
Address	501 RIVERSIDE AVE., 12TH FLOOR
City-State-Zip:	JACKSONVILLE FL 32202

Title	VC2
Name	STEPNOSKI, JIM VC2
Address	ONE INDEPENDENT DRIVE, SUITE 1000
City-State-Zip:	JACKSONVILLE FL 32202

Title	SC
Name	HANE, ANNA MSC
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: ANNA M. HANE EXECUTIVE DIRECTOR 02/01/2013

Electronic Signature of Signing Officer/Director Detail — Date