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: JAY EDINGER

I

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000010333

Entity Name: THE ACADEMY OF NATURAL HISTORY PREPARATION, INC

Current Principal Place of Business:

4015 PINE INDUSTRIAL UNIT J ROCKLEDGE, FL 32955

Current Mailing Address:

P.O. BOX 560025 ROCKLEDGE, FL 32956 US

FEI Number: 46-4117617

Name and Address of Current Registered Agent:

EDINGER, JAY N 244 MCLEOD ST MERRITT ISLAND, FL 32953 US Certificate of Status Desired: No

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:

Officer/Dire

Title	P, D	Title	T, D			
Name	DELOREY, CHRISTOPHER J	Name	EDINGER, JAY N			
Address	P.O. BOX 560025	Address	210 MCLEOD ST			
City-State-Zip:	ROCKLEDGE FL 32956	City-State-Zip:	MERRITT ISLAND FL 32953			
Title	VP	Title	S, D			
Name	ROMJUE, MARY DR.	Name	SCHLIETH, SUSAN			
Address	958 TAMARIND CIR	Address	1706 FENWAY CIRCLE			
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955			

	Electronic Signature of Registered Agent			Date
re	ctor Detail :			
	P, D	Title	T, D	
	DELOREY, CHRISTOPHER J	Name	EDINGER, JAY N	
	P.O. BOX 560025	Address	210 MCLEOD ST	
p:	ROCKLEDGE FL 32956	City-State-Zip:	MERRITT ISLAND FL 32953	
	VP	Title	S, D	
	ROMJUE, MARY DR.	Name	SCHLIETH, SUSAN	
	958 TAMARIND CIR	Address	1706 FENWAY CIRCLE	
p:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955	

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