

**2020 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**

**Certificate of Status Desired: No**

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

EDINGER, JAY N  
244 MCLEOD ST  
MERRITT ISLAND, FL 32953 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 P, D  
Name DELOREY, CHRISTOPHER J  
Address P.O. BOX 560025  
City-State-Zip: ROCKLEDGE FL 32956

Title T, D  
Name EDINGER, JAY N  
Address 210 MCLEOD ST  
City-State-Zip: MERRITT ISLAND FL 32953

Title VP  
Name ROMJUE, MARY DR.  
Address 958 TAMARIND CIR  
City-State-Zip: ROCKLEDGE FL 32955

Title S, D  
Name SCHLIETH, SUSAN  
Address 1706 FENWAY CIRCLE  
City-State-Zip: ROCKLEDGE FL 32955

*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

TR

06/28/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date