

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 708127

FILED
Oct 06, 2006
Secretary of State

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

Current Principal Place of Business:

1025 MUSEUM CIRCLE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1025 MUSEUM CIRCLE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-0651090 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DUNDON, MARGO
1025 MUSEUM CIRCLE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: MARGO DUNDON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: FLETCHER, JOHN
Address: 672 OCEAN BLVD.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VC () Delete
Name: NEWTON, WILL
Address: 1445 EDGEWOOD CIR
City-St-Zip: JACKSONVILLE, FL 32205

Title: TT () Delete
Name: RYZEWIC, SUSAN
Address: 5000 SAWGRASS VILLAGE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S (X) Delete
Name: STEVENS, DWAIN
Address: 8524 BANDERA CIR. E
City-St-Zip: JACKSONVILLE, FL 32244

Title: IPC (X) Delete
Name: RUMMELL, LEE ANN
Address: 2538 RIVER RD.
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: NEWTON, WILL
Address: 1445 EDGEWOOD
City-St-Zip: JACKSONVILLE, FL 32205

Title: VC (X) Change () Addition
Name: FLETCHER, JOHN
Address: 672 OCEAN BLVD.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILL NEWTON

C

10/06/2006

Electronic Signature of Signing Officer or Director

Date