

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708127

FILED
Apr 02, 2008
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 ()

Name and Address of Current Registered Agent:

OBERG, MICHAEL CEO
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VC () Delete
Name: WALTON, DORI
Address: 545 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TT () Delete
Name: WALTON, DORI
Address: 545 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: WALTON, DORI
Address: 3795 ORTEGA BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VC (X) Change () Addition
Name: MAGEVNEY, JOHN
Address: 4867 KING RICHARD RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: TT (X) Change () Addition
Name: STEP NOSKI, JIM
Address: 105 LANTERN WICK PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify 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: JACQUELYN BLANCHARD

DIR

04/02/2008

Electronic Signature of Signing Officer or Director

Date