

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708127

FILED  
Feb 02, 2009  
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:**

BLANCHARD, JACQUELYN M 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: JACQUELYN M. BLANCHARD

02/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TT (X) Change ( ) Addition  
Name: STEP NOSKI, JIM TREAS  
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 M. BLANCHARD

DIR

02/02/2009

Electronic Signature of Signing Officer or Director

Date