

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708127

FILED
Jan 25, 2012
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 (X)

Name and Address of Current Registered Agent:

BLANCHARD, JACQUELYN M FIN DIR
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: EXD
Name: HANE, ANNA M EXE DIR
Address: 1025 MUSEUM CIRCLE
City-St-Zip: JACKSONVILLE, FL 32207

Title: CH
Name: SURFACE, JOHN CHAIR
Address: 501 RIVERSIDE AVE., 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: VC1
Name: WELCH, LANE VC1
Address: 1025 MUSEUM CIRCLE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VC2
Name: STEP NOSKI, JIM VC2
Address: ONE INDEPENDENT DRIVE, SUITE 1000
City-St-Zip: JACKSONVILLE, FL 32202

Title: TT
Name: WOODALL, WOODY TT
Address: 601 RIVERSIDE AVE., 12TH FL
City-St-Zip: JACKSONVILLE, FL 32204

Title: SC
Name: HANE, ANNA M SC
Address: 1025 MUSEUM CIRCLE
City-St-Zip: JACKSONVILLE, FL 32207

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: JACQUELYN BLANCHARD

DIR

01/25/2012

Electronic Signature of Signing Officer or Director

Date