

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 850182

(7)

1. Corporation Name

THE OSPREY RESEARCH INSTITUTE, INC.

Principal Place of Business

2404 SAN PEDRO AVE.
TALLAHASSEE FL 32304

Mailing Address

2404 SAN PEDRO AVE.
TALLAHASSEE FL 32304



3. Date Incorporated or Qualified
08/28/1981

3a. Date of Last Report
05/01/1995

4. FEI Number

56-1173268

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5161 ILE DE FRANCE DR.

26 5161 ILE DE FRANCE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 TALLAHASSEE, FL 32308

27 TALLAHASSEE, FL 32308

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIZZLE, GLORIA A.
2404 SAN PEDRO AVE
TALLAHASSEE FL 32304

81 Name

GLORIA A. GRIZZLE

82

Street Address (P.O. Box Number is Not Acceptable)

5161 ILE DE FRANCE DR.

83

84

City
TALLAHASSEE

FL

85

Zip Code
32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Gloria A. Grizzle

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/96

DATE

12. OFFICERS AND DIRECTORS

TITLE TPD ☐ DELETE

NAME GRIZZLE, GLORIA A.
STREET ADDRESS 2404 SAN PEDRO AVE.
CITY-ST-ZIP TALLAHASSEE FL

TITLE VSD ☐ DELETE

NAME STANFORD, KAREN A.
STREET ADDRESS 513 WILLIAMS ST
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME POWER, GWEN
STREET ADDRESS 3011 LINDENWOOD DR.
CITY-ST-ZIP COLUMBIA SC

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5161 ILE DE FRANCE DR.
TALLAHASSEE FL 32308

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3861 Windermere Rd
Tallahassee FL 32311

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gloria A. Grizzle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIA A. GRIZZLE

4/14/96

Date

904/878-3803

Daytime Phone #

CP2E037 (12/95)