FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37218 (7)

1. Corporation Name

ODYSSEY SCIENCE CENTER, INC.

Principal Place of Business	Mailing Address
3950 W. PENSACOLA ST. TALLAHASSEE FL 32304 US	P.O. BOX 13355 BOX 13355 TALLAHASSEE FL 32317-3355 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1990
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-3013279 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

WEISS, ROBERT A.
118 N. GADSDEN STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/Tr	☒ Change ☐ Addition
NAME	CROW, JACK D	1.2 NAME		
STREET ADDRESS	5675 SANTA ANITA DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	V/Tr	☒ Change ☐ Addition
NAME	MOELLER, BILL	2.2 NAME		
STREET ADDRESS	ROUTE 4, BOX 4151	2.3 STREET ADDRESS	1239 MITCHELL AVE	
CITY-ST-ZIP	MONTICELLO FL	2.4 CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	3.1 TITLE	S/Tr	☒ Change ☐ Addition
NAME	JOHNSON, MERRY ANN	3.2 NAME		
STREET ADDRESS	1800 E. PAUL DIRAC DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	T/Tr	☒ Change ☐ Addition
NAME	BRANTLY, DALE	4.2 NAME	ROBERT K HENDERSON	
STREET ADDRESS	3200 SHANNON LAKES N	4.3 STREET ADDRESS	2309 W MISSION RD #A	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE		5.1 TITLE	Tr	☐ Change ☒ Addition
NAME		5.2 NAME	NANCY ARMSTRONG	
STREET ADDRESS		5.3 STREET ADDRESS	3571 OAK HILL TR	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: Robert K. Henderson 2/24/95 904-487-9624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037646