

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 # 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

3. Date Incorporated or Qualified

03/22/1990

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26 PO BOX 149

4. FEI Number

59-3013279

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

22

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23

City & State

28

City & State  
TALLAHASSEE FL

24

Zip

Country

29

Zip  
32302

30

Country  
U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTR ☐ DELETE  
NAME CROW, JACK D  
STREET ADDRESS 5675 SANTA ANITA DR.  
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VTR ☐ DELETE  
NAME MOELLER, BILL  
STREET ADDRESS 1239 MITCHELL AVENUE  
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STR ☐ DELETE  
NAME JOHNSON, MERRY ANN  
STREET ADDRESS 1800 E. PAUL DIRAC DR.  
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME STR  
3.3 STREET ADDRESS KLENA, CHRIS  
3.4 CITY-ST-ZIP PO BOX 2214  
TALLAHASSEE FL 32316

TITLE TTR ☐ DELETE  
NAME HENDERSON, ROBERT K  
STREET ADDRESS 2309 W MISSION RD #A  
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TR ☒ DELETE  
NAME ARMSTRONG, NANCY  
STREET ADDRESS 3571 OAK HILL TR  
CITY-ST-ZIP TALLAHASSEE FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

1/30/96

644-0639

CR2E037 (12/95)