

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

2. Principal Place of Business 2a. Mailing Address  
21  26 **PO BOX 149**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 **TALLAHASSEE FL**  
24 Zip 25 Country 29 **32302** 30 **U.S.**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PTR</b> <input type="checkbox"/> DELETE
NAME	<b>CROW, JACK D</b>
STREET ADDRESS	<b>5675 SANTA ANITA DR.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>VTR</b> <input type="checkbox"/> DELETE
NAME	<b>MOELLER, BILL</b>
STREET ADDRESS	<b>1239 MITCHELL AVENUE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>STR</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, MERRY ANN</b>
STREET ADDRESS	<b>1800 E. PAUL DIRAC DR.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>TTR</b> <input type="checkbox"/> DELETE
NAME	<b>HENDERSON, ROBERT K</b>
STREET ADDRESS	<b>2309 W MISSION RD #A</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>TR</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ARMSTRONG, NANCY</b>
STREET ADDRESS	<b>3571 OAK HILL TR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>STR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>KLENA, CHRIS</b>
3.3 STREET ADDRESS	<b>PO BOX 2214</b>
3.4 CITY-ST-ZIP	<b>TALLAHASSEE FL 32316</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* Date: 1/30/96 Daytime Phone: 644-0639

CR2E037 (12/95)