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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 3950 W. PENSACOLA ST. TALLAHASSEE FL 32304 US
Mailing Address: PO BOX 149 TALLAHASSEE FL 32302-0149 US

3. Date Incorporated or Qualified: 03/22/1990
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business: 345 S Magnolia Drive
2a. Mailing Address: Suite, Apt. #, etc.
21 26
22 Suite, Apt. #, etc. Suite B12 27
23 City & State Tallahassee, FL 28
24 Zip 32301 Country U.S. 29 30
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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTR <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROW, JACK D	1.2 NAME	Moeller, William F.
STREET ADDRESS	5675 SANTA ANITA DR.	1.3 STREET ADDRESS	1239 Mitchell Avenue
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	VTR <input type="checkbox"/> DELETE	2.1 TITLE	TTR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOELLER, BILL	2.2 NAME	Credle, Sid H.
STREET ADDRESS	1239 MITCHELL AVENUE	2.3 STREET ADDRESS	600 Victory Garden Drive, #A9
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	STR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLENA, CHRIS	3.2 NAME	
STREET ADDRESS	PO BOX 2214	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	TTR <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, ROBERT K	4.2 NAME	
STREET ADDRESS	2309 W MISSION RD #A	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *William F. Moeller* WILLIAM F. MOELLER 1/31/97

CR2E037 (9/96)