


FILED
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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37218

1. Corporation Name
ODYSSEY SCIENCE CENTER, INC.

Principal Place of Business 345 SOUTH MAGNOLIA DRIVE SUITE 812 TALLAHASSEE FL 32301 US	Mailing Address PO BOX 149 TALLAHASSEE FL 32302 US
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2. Principal Place of Business 21 350 S. Duval Street Suite, Apt. #, etc. 22 City & State 23 Tallahassee, FL Zip Country 24 32301 Leon	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 03/22/1990	4. FEI Number 59-3013279 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

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
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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 _____ 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 PTR	MOELLER, WILLIAM F. 1239 MITCHELL AVENUE TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	
TITLE VTR	CUSICK, MICHAEL D. 864 EAST PARK AVENUE TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President PTR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Cusick, Michael D 1.3 STREET ADDRESS 864 East Park Avenue 1.4 CITY-ST-ZIP Tallahassee, FL 32301
TITLE STR	KLENA, CHRIS PO BOX 2214 TALLAHASSEE FL	<input type="checkbox"/> DELETE	2.1 TITLE Vice President VTR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Langford, Beth 2.3 STREET ADDRESS 5002 Brill Point 2.4 CITY-ST-ZIP Tallahassee, FL 32312
TITLE TTR	CREDLER, SID H. 800 VICTORY GARDEN DRIVE #A9 TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Treasurer TTR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Pople, Randy 3.3 STREET ADDRESS P.O. Box 1549 3.4 CITY-ST-ZIP Tallahassee, FL 32302
TITLE EDR	ROBERT CONTENT 131 SUGAR PLUM TALL FL 32312	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE EDR	ROBERT CONTENT 131 SUGAR PLUM TALL FL 32312	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE EDR	ROBERT CONTENT 131 SUGAR PLUM TALL FL 32312	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Robert Content **REQUIRED** Date: Feb 19, 1999 Daytime Phone #: 850-513-0700, x230

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