03101999-90161-022-$61.25-$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90161 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

2. Principal Place of Business 21 350 S. Duval Street	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/22/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3013279 — Applied For / Not Applicable
City & State 23 Tallahassee, FL	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 32301 — Country 25 Leon	Zip 29 — Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $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

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

TITLE	PTR	☒ DELETE
NAME	MOELLER, WILLIAM F.	
STREET ADDRESS	1239 MITCHELL AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VTR	☒ DELETE
NAME	CUSICK, MICHAEL D.	
STREET ADDRESS	864 EAST PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	STR	☐ DELETE
NAME	KLENA, CHRIS	
STREET ADDRESS	PO BOX 2214	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TTR	☒ DELETE
NAME	CREDLE, SID H.	
STREET ADDRESS	600 VICTORY GARDEN DRIVE #A9	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ROBERT CONTENT EDR	☐ DELETE
NAME	131 SUGAR PLUM	
STREET ADDRESS	TALL FL 32312	
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President PTR	☒ Change ☐ Addition
1.2 NAME	Cusick, Michael D	
1.3 STREET ADDRESS	864 East Park Avenue	
1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
2.1 TITLE	Vice President VTR	☒ Change ☐ Addition
2.2 NAME	Langford, Beth	
2.3 STREET ADDRESS	5002 Brill Point	
2.4 CITY-ST-ZIP	Tallahassee, FL 32312	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Treasurer-TTR	☒ Change ☐ Addition
4.2 NAME	Pople, Randy	
4.3 STREET ADDRESS	P.O. Box 1549	
4.4 CITY-ST-ZIP	Tallahassee, FL 32302	
5.1 TITLE	EDR	☐ Change ☒ Addition
5.2 NAME	ROBERT CONTENT	
5.3 STREET ADDRESS	131 SUGAR PLUM	
5.4 CITY-ST-ZIP	TALL FL 32312	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 — Feb 19, 1999 — 850-513-0700, X 230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #