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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90093 007 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N98000000968**

1. Corporation Name

**FLORIDA CONSORTIUM OF SCIENCE CENTERS, INC.**

Principal Place of Business

**864 EAST PARK AVE  
TALLAHASSEE FL 32301**

Mailing Address

**864 EAST PARK AVE  
TALLAHASSEE FL 32301**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

**02/18/1998**

4. FEI Number

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

9. Name and Address of Current Registered Agent

**CUSICK, MICHAEL D  
864 EAST PARK AVE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **LIBBY, GARY R**  
STREET ADDRESS **1040 MUSEUM BLVD**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☐ DELETE

NAME **ROSEN, BARRY H**  
STREET ADDRESS **401 SW 2ND ST**  
CITY-ST-ZIP **FT LAUDERDALE FL 33312-1707**

TITLE **D** ☐ DELETE

NAME **ETLING, RUSSELL**  
STREET ADDRESS **3280 S MIAMI AVE**  
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **D** ☐ DELETE

NAME **DUNDON, MARGO**  
STREET ADDRESS **1025 MUSEUM CIRCLE**  
CITY-ST-ZIP **JACKSONVILLE FL 32207-9053**

TITLE **D** ☐ DELETE

NAME **STRENKO, WIT**  
STREET ADDRESS **4801 E FOWLER AVE**  
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **D** ☐ DELETE

NAME **CONTENT, BOB**  
STREET ADDRESS **345 S MAGNOLIA DRIVE, SUITE B12**  
CITY-ST-ZIP **TALLAHASSEE FL 32302**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/23/99 (850) 222-5620**

Date

Daytime Phone #

CR2E037 (11/98)