

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708127

Entity Name: MUSEUM OF SCIENCE AND HISTORY OF JACKSONVILLE, INC.

FILED
Jan 26, 2021
Secretary of State
4829060001CC

Current Principal Place of Business:

1025 MUSEUM CIRCLE
JACKSONVILLE, FL 32207

Current Mailing Address:

1025 MUSEUM CIRCLE
JACKSONVILLE, FL 32207

FEI Number: 59-0651090

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCOFIELD, JANE S
1025 MUSEUM CIRCLE
JACKSONVILLE, FL 32207 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JANE SCOFIELD

01/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name FAFARD, BRUCE
Address 1025 MUSEUM CIRCLE
City-State-Zip: JACKSONVILLE FL 32207

Title VICE CHAIR & CHAIR-ELECT
Name JONES, COLEY
Address 1025 MUSEUM CIRCLE
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY
Name FAFARD, BRUCE
Address 1025 MUSEUM CIRCLE
City-State-Zip: JACKSONVILLE FL 32207

Title CHAIRMAN
Name HARDEN, CHRISTIAN
Address 1025 MUSEUM CIRCLE
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER
Name AVERY, JUSTIN
Address 1025 MUSEUM CIRCLE
City-State-Zip: JACKSONVILLE FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE FAFARD

CEO

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date