

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011846

**Entity Name:** HOWARD T. ODUM FLORIDA SPRINGS INSTITUTE, INC.

**Current Principal Place of Business:**

18645 HIGH SPRINGS MAIN STREET  
HIGH SPRINGS, FL 32643

**Current Mailing Address:**

18645 HIGH SPRINGS MAIN STREET  
HIGH SPRINGS, FL 32643 US

**FEI Number: 46-1663401**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KNIGHT, ROBERT L  
2809 NW 161ST CT  
GAINESVILLE, FL 32609 US

**FILED**  
**Apr 08, 2024**  
**Secretary of State**  
**9592649723CC**

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT, OFFICER  
Name            KNIGHT, ROBERT L  
Address        2809 NW 161ST COURT  
City-State-Zip: GAINESVILLE FL 32609

Title            VP, OFFICER  
Name            GREENWALD , TEDD  
Address        18645 HIGH SPRINGS MAIN STREET  
City-State-Zip: HIGH SPRINGS FL 32643

Title            SECRETARY, OFFICER  
Name            ODUM, MARY  
Address        18645 HIGH SPRINGS MAIN STREET  
City-State-Zip: HIGH SPRINGS FL 32643

Title            DIRECTOR  
Name            PALMER, ROBERT  
Address        18645 HIGH SPRINGS MAIN STREET  
City-State-Zip: HIGH SPRINGS FL 32643

Title            DIRECTOR  
Name            ULANOWICZ, ROBERT  
Address        18645 HIGH SPRINGS MAIN STREET  
City-State-Zip: HIGH SPRINGS FL 32643

Title            DIRECTOR  
Name            STEVENSON, JIM  
Address        18645 HIGH SPRINGS MAIN STREET  
City-State-Zip: HIGH SPRINGS FL 32643

Title            DIRECTOR  
Name            FITZGERALD, CASEY  
Address        18645 HIGH SPRINGS MAIN STREET  
City-State-Zip: HIGH SPRINGS FL 32643

Title            DIRECTOR  
Name            PRUITT, JAMES  
Address        18645 HIGH SPRINGS MAIN STREET  
City-State-Zip: HIGH SPRINGS FL 32643

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*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: HALEY L MOODY**

**ASSOCIATE DIRECTOR**

**04/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           ANGELO, MARY JANE  
Address        18645 HIGH SPRINGS MAIN STREET  
City-State-Zip: HIGH SPRINGS FL 32643

Title           OFFICER  
Name           MOODY, HALEY  
Address        18645 HIGH SPRINGS MAIN STREET  
City-State-Zip: HIGH SPRINGS FL 32643