

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000011846

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

Current Principal Place of Business:

23695 W US HWY 27
HIGH SPRINGS, FL 32643

Current Mailing Address:

23695 W US HWY 27
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

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 23695 W US HWY 27
City-State-Zip: HIGH SPRINGS FL 32643

Title SECRETARY, OFFICER
Name ODUM, MARY
Address 23695 W US HWY 27
City-State-Zip: HIGH SPRINGS FL 32643

Title TREASURER, OFFICER
Name WILSON, DAVID
Address 23695 W US HWY 27
City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR
Name PALMER, ROBERT
Address 23695 W US HWY 27
City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR
Name ULANOWICZ, ROBERT
Address 23695 W US HWY 27
City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR
Name STEVENSON, JIM
Address 23695 W US HWY 27
City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR
Name FITZGERALD, CASEY
Address 2901 NW 13TH CT
City-State-Zip: GAINESVILLE FL 32605

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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: ROBERT KNIGHT

EXECUTIVE DIRECTOR

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name PRUITT, JAMES

Address PO BOX 1010

City-State-Zip: HIGH SPRINGS FL 32655