

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706837

FILED
Apr 05, 2005
Secretary of State

Entity Name: SOUTH FLORIDA SCIENCE MUSEUM, INC.

Current Principal Place of Business:

4801 DREHER TRAIL NORTH
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

4801 DREHER TRAIL NORTH
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 59-0915177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKDULL, JAYNE R
1400 CENTREPARK DRIVE
STE 1400
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CDT () Delete
Name: BARKDULL, JAYNE R
Address: 1400 CENTERPARK DR, #1000
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ST () Delete
Name: RICCI, SUSAN
Address: 529 OYSTER ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: TD () Delete
Name: JORTH, BRUCE
Address: 1555 PALM BEACH LAKES BLVD STE 1400
City-St-Zip: W PALM BEACH, FL 33401

Title: VT () Delete
Name: GENDELMAN, BRUCE
Address: 230 KAWAMA LANE
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAYNE R. BARKDULL

CDT

04/05/2005

Electronic Signature of Signing Officer or Director

Date