

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713105 (5)

1. Corporation Name
THE SCIENCE CENTER OF PINELLAS COUNTY, INC.



Principal Place of Business: 7701 22ND AVENUE NORTH ST PETERSBURG FL 33710
Mailing Address: 7701 22ND AVENUE NORTH ST PETERSBURG FL 33710

3. Date Incorporated or Qualified: 07/25/1967
3a. Date of Last Report: 04/14/1995

| | | | | | | | |
|--------------------------------|--|---------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 59-0874941 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 23 | | 28 | | 24 | | 25 | |
| Zip | | Country | | 29 | | 30 | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| GORDON, SUSAN S 7701 22ND AVE N ST PETERSBURG FL 33710 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | FL | | | |

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: _____ (NOTE: Registered Agent signature required when remaining) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | CD HIGGS, MICHAEL | 1.1 TITLE | CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 9808 ASHLEY DRIVE | 1.2 NAME | Fountain, Michael |
| STREET ADDRESS | SEMINOLE FL | 1.3 STREET ADDRESS | 12212 Twin Branch Acres Road |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Tampa, FL 33626 |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DECKER, CAROL | 2.2 NAME | |
| STREET ADDRESS | 320 NORTH BATH CLUB BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH REDINGTON BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DUCOTE, ARTHUR | 3.2 NAME | Green, David |
| STREET ADDRESS | 9100 9TH STR NO, UNIT 1106 | 3.3 STREET ADDRESS | 11020 123th Avenue North |
| CITY-ST-ZIP | ST PETERSBURG FL | 3.4 CITY-ST-ZIP | Largo, FL 34648 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Carol Decker (813) 384-0027
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Carol Decker, Board of Directors Secretary
 Date: 3/7/96 Daytime Phone #

CR2E037 (12/95)