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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
7701 22ND AVENUE NORTH 7701 22ND AVENUE NORTH
ST PETERSBURG FL 33710 ST PETERSBURG FL 33710-3653

3. Date Incorporated or Qualified 07/25/1967 3a. Date of Last Report 03/13/1996

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

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 85 Zip Code

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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE CD DELETE 1.1 TITLE Change Addition
NAME FOUNTAIN, MICHEAL 1.2 NAME
STREET ADDRESS 12212 TWIN BRANCH ACRES RD 1.3 STREET ADDRESS
CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP
TITLE SD DELETE 2.1 TITLE Change 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 DELETE 3.1 TITLE Change Addition
NAME GREEN, DAVID 3.2 NAME
STREET ADDRESS 11020 123TH AVE N 3.3 STREET ADDRESS
CITY-ST-ZIP LARGO FL 3.4 CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 CAROL DECKER 1/14/97 813-384-0027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050766

CR2E037 (9/96)