


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 713105</b>	
1. Entity 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
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**DO NOT WRITE IN THIS SPACE**



04112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-0874941	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTNER, TRACY L.  
 7701 22ND AVE N  
 ST PETERSBURG, FL 33710

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLTON, DAVID H 300-35RD AVE N. UNIT F-4 SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DECKER, CAROL 320 NORTH BATH CLUB BLVD. NORTH REDINGTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREEN, DAVID 11020 123TH AVE N LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SIEGELIN, DON L 3041 EAGLE LANDING WEST CIRCLE CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD RAWL, CATHERINE M 709-137 ST. N.E. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000549031  
 05/13/06-80004-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tracy L. Christner 4-26-06 727-384-027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #