

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 713105

FILED
Oct 14, 2009
Secretary of State

Entity Name: THE SCIENCE CENTER OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

7701 22ND AVENUE NORTH
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

7701 22ND AVENUE NORTH
ST PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-0874941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCNAUGHTON, MADELINE T
7701 22ND AVENUE NORTH
ST PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

JOSEPH, CUENCO S
7701 22ND AVENUE NORTH
ST PETERSBURG, FL 33710 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: JOSEPH S CUENCO

10/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: D'ELIA, CHRISTOPHER
Address: 316 19TH AVE. NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: SD () Delete
Name: DECKER, CAROL
Address: 320 NORTH BATH CLUB BLVD.
City-St-Zip: NORTH REDINGTON BEACH, FL

Title: TD () Delete
Name: GREEN, DAVID
Address: 11020 123TH AVE N
City-St-Zip: LARGO, FL

Title: ED (X) Delete
Name: MCNAUGHTON, MADELINE
Address: 118 6TH AVENUE NORTH #206
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SCHWEIKERT, WILLY
Address: 9066 CYPRESS TRAIL
City-St-Zip: SEMINOLE, FL 33777

Title: ED (X) Change () Addition
Name: CUENCO, JOSEPH S
Address: 6007 KIPPS COLONY DRIVE E
City-St-Zip: GULFPORT, FL 33707

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 exemption stated 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 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: JOSEPH S CUENCO

ED

10/14/2009

Electronic Signature of Signing Officer or Director

Date