FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01613

1. Corporation Name

FLORIDA ACADEMY OF SCIENCE AND TECHNOLOGY, INC.

Principal Place of Business 505 ANDROS LANE

INDIAN HBR BEACH FL 32937

Mailing Address

505 ANDROS LANE INDIAN HBR. BEACH FL 32937

FILED Feb 19, 1999 8:00 am Secretary of State

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Principal Place of Business			2a. Mailing Address			3. Date Incorporated or Qualifed 02/22/1984						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4.	-FEI Number 59-2873241	• ".	Applied For ~ ~			
City & S	State	27	City & State	··		5.	Certifcate of Status Desired		.75 Additional ee Required			
Zip Country 25			Zip Country 30			6.	Election Campaign Financing Trust Fund Contribution	ing \$5.00 May Be Added to Fees				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
	V 105			81	Name				,			
MIZEREK, JOE 505 ANDROS LANE				82	Street Addre	reet Address (P.O. Box Number is Not Acceptable)						
INDIAN HARBOUR BCH. FL 32937												
				84	City	_		FL 85	Zip Code			
office	ant to the provisions of Sections 617.0 or registered agent, or both, in the Stat I am familiar with, and accept the obli	te of Flori	da. Such change was authorize	ed by	the corporation	ation 's bo	submits this statement for the purpose and of directors. I hereby accept the a	e of changi ppointment	ng its registered as registered			
SIGNATUR	RE											

agent. La	um ramiliar with, and accept the obligations of, Section	on 617.0503, Florid	ia Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicat	ble (NOTE: B	egistered Agent signature re	uired when reinstation)	DATE				
12.	OFFICERS AND DIRECTOR		13.	. •	CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD	☐ DELETE	1.1 TITLE		· .	Change	Addition		
NAME	MIZEREK, JOE		1.2 NAME		•	4			
STREET ADDRESS	TOT 1110000 1 4115		1.3 STREET ADDRESS						
CITY-ST-ZIP	INDIAN HARB.BCH. FL		1.4 CITY-ST-ZIP						
TITLE	ST	☐ DELETE	2.1 TITLE			☐ Change,	☐ Addition		
NAME	MIZEREK, JOE		2.2 NAME						
STREET ADDRESS	505 ANDROS LANE		2.3 STREET ADDRESS						
CITY-ST-ZIP	INDIAN HARB.BCH. FL		2.4 CITY-ST-ZiP		****	· · ·	` ' '		
TITLE	VD	DELETE	3.1 TITLE			☐ Change	☐ Addition		
NAME	MIZEREK, CLAIRE		3.2 NAME			•			
STREET ADDRESS	505 ANDROS LANE		3.3 STREET ADDRESS	"					
CITY-ST-ZIP	INDIAN HARB.BCH. FL		3.4. CITY-ST-ZIP				٠ ا		
TITLE	D	☐ DELETE	4.1 TITLE			☐ Change	· 🔲 Addition		
NAME	DIGULLA, WENDY		4. 2 NAME		•				
STREET ADDRESS	505 ANDROS LANE		4.3 STREET ADDRESS						
CITY-ST-ZIP	MERRITT ISLAND FL		4.4 CITY-ST-ZIP				ĺ		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS	•			- 1		
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						

I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRES

11/13 crede 2-4-99 Date Daytime Phone #

CP2E037 (11/08)