

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90029 015 ****61.25

DOCUMENT # N50213
 1. Entity Name
 SOUTH FLORIDA MUSEUM AND BISHOP PLANETARIUM, INC.



Principal Place of Business
 201 10TH STREET WEST
 BRADENTON, FL 34205

Mailing Address
 P. O. BOX 9265
 BRADENTON, FL 34206 US

94026019



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03012004 Chg-NP CR2E037 (10/03)

City & State

City & State

Zip Country Zip Country

4. FEI Number
 59-0598726

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KING, JEFFREY L.
 1301 SIXTH AVE W.
 SUITE 600
 BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARTER, MIKE	
STREET ADDRESS	1201 9TH AVE. WEST	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KING, JEFFREY L.	
STREET ADDRESS	1301 6TH AVE W STE 600	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARTER, MIKE	
STREET ADDRESS	1227 9TH AVE W.	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, JOHN	
STREET ADDRESS	315 41ST ST W	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CARLSON, ROSE	
STREET ADDRESS	PO BOX 25206	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOON, STEWART	
STREET ADDRESS	2018 AVENUE C	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	

12. 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 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: JEFFREY L. KING Date: 3/1/04 Daytime Phone #: 941-747-4483