


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

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

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01062005 No Chg-NP CR2E037 (10/03)

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

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARTER, MIKE
STREET ADDRESS	1201 9TH AVE. WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	TD
NAME	KING, JEFFREY L.
STREET ADDRESS	1301 6TH AVE W STE 600
CITY-ST-ZIP	BRADENTON, FL
TITLE	VPD
NAME	CARLSON, ROSE
STREET ADDRESS	PO BOX 25206
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	SD
NAME	MOON, STEWART
STREET ADDRESS	3018 AVENUE C
CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/11/05-80044-011 61.25

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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: 2/11/05 Daytime Phone #: 941-746-4131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR