

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50213

FILED
Jan 06, 2006
Secretary of State

Entity Name: SOUTH FLORIDA MUSEUM AND BISHOP PLANETARIUM, INC.

Current Principal Place of Business:

201 10TH STREET WEST
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 9265
BRADENTON, FL 34206 US

New Mailing Address:

FEI Number: 59-0598726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

01/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARTER, MIKE
Address: 1201 9TH AVE. WEST
City-St-Zip: BRADENTON, FL 34205

Title: TD () Delete
Name: KING, JEFFREY L.
Address: 1301 6TH AVE W STE 600
City-St-Zip: BRADENTON, FL

Title: VPD () Delete
Name: CARLSON, ROSE
Address: PO BOX 25206
City-St-Zip: BRADENTON, FL 34205

Title: SD () Delete
Name: MOON, STEWART
Address: 3018 AVENUE C
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: ALAN P HAINES

AD

01/06/2006

Electronic Signature of Signing Officer or Director

Date