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N97000005650 (3)

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

DOCUMENT # 1. Corporation Name

DIVISION OF CORPORATIONS

## **FILED** Apr 22 1998 8:00am Secretary of State

FOUNDATION FOR SCIENTIFIC INQUIRY, INC.					
Principal Plac	Mailing Address	iting Address		T CADISTOL OTA CATIL TODILI DOVIL BOLIL	
1501 N.W. 68TH TERRACE GAINESVILLE FL 32605  1501 N.W. 68TH TERRACE GAINESVILLE FL 32605			CE		3. Date Incorporated or Qualified  10/03/1997  4. FEI Number  7 - 347/195 7   Not Applied For Not Applicable
2. Principal P	lace of Business	2e. Mailing Address			5. Certificate of Status Desired Sa.75 Additional Fee Regulred
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
Zip	Country	Zip	Cou	ıntry	This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30, Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
				81 Name	
BENNER 1501 N.1			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
GAINES1	VILLE FL 32605			83	
				84 City	■■ 85 Zip Code
					FL     '
11. Pursuant office or r	to the provisions of Sections 617.05 egistered agent, or both, in the Stati	02 and 617 1508, Florida Stat e of Florida. Such change wa	tutes, the a is authorize	bove-named o d by the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the oblig	gations of, Section 617.0503,	Florida Sta	tutes.	
SIGNATURE	Signature typed or printed name of registered ag		1016 0-1		
12.		ND DIRECTORS	13.	d Agent signature n	equired when reinstaing)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	13.1	TLE	Change Addition
NAME	Benner, Steven	<del></del>	1.2 N		
STREET ADDRESS	1501 N.W. 68TH TERRACE			TREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605			ITY-ST-ZIP	
TITLE	D	DELETE	21 TI		☐ Change ☐ Addition
NAME	SANDERS, BEVERLY A		2.2 N	AME	
STREET ADDRESS	1501 N.W. 68TH TERRACE		2.3 \$	TREET ADDRESS	į
CITY-ST-ZIP	GAINESVILLE FL 32605		2.40	HTY-ST-ZIP	
THTLE	Ð	☐ DELETE	3.1 T		☐ Change ☐ Addition
NAME	Sanders, Jennifer A		3.2 N	AME	
STREET ADDRESS	6213 B SEASIDE WALK		3.3 \$	TREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA 90803		3.4. 0	ITY-ST-ZIP	
TITLE		DELETE	4.1 Ti	TLE	☐ Change ☐ Addition
NAME			4.2 N	IAME	
STREET ADDRESS			4.3 5	TREET AODRESS	
CITY-ST-ZIP				TY-ST-ZIP	
TITLE		☐ DELETE	5.1 10	1	Change Addition
NAME			5.2 N	i	
STREET ADDRESS			5.3 S	FREET ADDRESS	
CITY-ST-ZIP		17 45.222		TY-51-21P	
TITLE		☐ DELETE	6.1 Ti		Change Addition
NAME			6.2 N		
STREET ADDRESS				ireet address	
CITY-ST-ZIP			6.4 C	TY-ST-ZIP	

14. 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 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.

SIGNATURE: