

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000007988

Entity Name: THE MUSEUM OF CONSCIOUSNESS, INC.**Current Principal Place of Business:**8440 N TAMIAMI TRL
SARASOTA, FL 34243**Current Mailing Address:**8440 N TAMIAMI TRL
SARASOTA, FL 34243 US**FEI Number:** 37-1794566**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VENGROFF, MARK L
8440 N TAMIAMI TRL
SARASOTA, FL 34243 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:** MARK VENGROFF

02/18/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name VENGROFF, CAROL L
Address 5135 RIVERWOOD AVE
City-State-Zip: SARASOTA FL 34231

Title VC
Name GLANZ, BARBARA
Address PO BOX 18266
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name MELLON, JAMES
Address PO BOX 18266
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name CIAVARDONE, PAVITRA
Address PO BOX 18266
City-State-Zip: SARASOTA FL 34276

Title SECRETARY
Name KAPLAN, ANN
Address PO BOX 18266
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name CORCORAN, DIANE
Address PO BOX 18266
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name LANGE, KELLY
Address PO BOX 18266
City-State-Zip: SARASOTA FL 34276

I hereby 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 all other like empowered.

SIGNATURE: CAROL VENGROFF

CHAIRMAN

02/18/2019

Electronic Signature of Signing Officer/Director Detail

Date