

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50213

**FILED  
Jun 16, 2020  
Secretary of State  
7850511460CC**

**Entity Name:** BISHOP MUSEUM OF SCIENCE AND NATURE, INC.

**Current Principal Place of Business:**

201 10TH STREET WEST  
BRADENTON, FL 34205

**Current Mailing Address:**

P. O. BOX 9265  
BRADENTON, FL 34206 US

**FEI Number: 59-0598726**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BLALOCK WALTERS, P.A.  
802 11TH STREET WEST  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           CARTER, BRIAN  
Address        1401 MANATEE AVE W, STE 1200  
City-State-Zip: BRADENTON FL 34205

Title           DIRECTOR, VP  
Name           QUINLAN, JOHN  
Address        601 12TH ST W  
City-State-Zip: BRADENTON FL 34205

Title           DIRECTOR, SECRETARY  
Name           GANS, JENNIFER  
Address        201 10TH STREET WEST  
City-State-Zip: BRADENTON FL 34205

Title           DIRECTOR, VP  
Name           LAPOINTE, MATT  
Address        802 11TH ST WEST  
City-State-Zip: BRADENTON FL 34205

Title           DIRECTOR, TREASURER  
Name           PERKINS, CHRIS  
Address        900 53RD AVE E  
City-State-Zip: BRADENTON FL 34203

*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: BRIAN CARTER**

**PRESIDENT**

**06/16/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date