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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700939** (2)  
1. Corporation Name  
**THE GUILD OF THE MUSEUM OF SCIENCE, INC.**

Principal Place of Business <b>3280 SOUTH MIAMI AVENUE MIAMI FL 33129</b>	Mailing Address <b>3280 SOUTH MIAMI AVENUE MIAMI FL 33129</b>
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3. Date Incorporated or Qualified

**05/01/1960**

4. FEI Number

**59-1002365**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIERT, WILLACENE  
7341 SW 167 STREET  
MIAMI FL 33157**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ACTON, SUZANNE</b>	
STREET ADDRESS	<b>10421 SW 89 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SIERT, WILLACENE</b>	
STREET ADDRESS	<b>7341 SW 167 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SIMON, JEAN</b>	
STREET ADDRESS	<b>211 SHORE DR S</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MELOAN, MARY ELLEN</b>	
STREET ADDRESS	<b>17552 SW 84 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LONDONO, ROSEMARY</b>	
STREET ADDRESS	<b>9530 SW 68 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DROUT, JANDEL</b>	
STREET ADDRESS	<b>11803 SW 81 ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>SIMS, NANCY</b>	
1.3 STREET ADDRESS	<b>7760 SW 167 TERRACE</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL 33157</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ROSS, CAROLYN SUE</b>	
3.3 STREET ADDRESS	<b>913 Andalusia Avenue</b>	
3.4 CITY-ST-ZIP	<b>Coral Gables FL 33134</b>	

4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>HEKTNER, MYRTICE</b>	
6.3 STREET ADDRESS	<b>3600 Alhambra Court</b>	
6.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	

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 or supplemental 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:

*Nancy W. Sims*

3/17/98

305/253-1162

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)