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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700939

1. Corporation Name

THE GUILD OF THE MUSEUM OF SCIENCE, INC.

Principal Place of Business
3280 SOUTH MIAMI AVENUE
MIAMI FL 33129

Mailing Address
3280 SOUTH MIAMI AVENUE
MIAMI FL 33129



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/01/1960

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1002365

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 Carolyn Sue Ross
82 Street Address (P.O. Box Number is Not Acceptable)
913 Andalusia Avenue
83
84 City Coral Gables FL 85 Zip Code 33134

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

Carolyn Sue Ross

3-17-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME SIMS, NANCY
STREET ADDRESS 7760 SW 167TH TERR
CITY-ST-ZIP MIAMI FL 33157 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SIERT, WILLACENE
STREET ADDRESS 7341 SW 167 STREET
CITY-ST-ZIP MIAMI FL ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE VD
NAME ROSS, CAROLYN SUE
STREET ADDRESS 913 ANDALUSIA AVE
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME MELOAN, MARY ELLEN
STREET ADDRESS 17552 SW 84 AVENUE
CITY-ST-ZIP MIAMI FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE PD
NAME LONDONO, ROSEMARY
STREET ADDRESS 9530 SW 68 AVENUE
CITY-ST-ZIP MIAMI FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE SD
NAME HEKTER, MYRTICE
STREET ADDRESS 3600 ALHAMBRA CT
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Signature Required

3-17-99

305/253-1162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037-11/98