

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90050 040 \*\*\*\*61.25

<b>DOCUMENT # 700939</b> 1. Entity Name <b>THE GUILD OF THE MUSEUM OF SCIENCE, INC.</b>					
Principal Place of Business <b>3280 SOUTH MIAMI AVENUE MIAMI, FL 33129</b>			Mailing Address <b>3280 SOUTH MIAMI AVENUE MIAMI, FL 33129</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1002365</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LUTHER, HELGA 13855 SW 78 CT MIAMI, FL 33158</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHER, HELGA		NAME	THOMASINE MORRIS	
STREET ADDRESS	13855 SW 78 CT		STREET ADDRESS	9354 SW 77 AVENUE UNIT 1-4	
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	1 VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVELL, SHEILA		NAME	ELIZABETH SHARKEY	
STREET ADDRESS	528 ALTARA AVE		STREET ADDRESS	8235 SW 150 DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP	MIAMI FL 33158	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	2 VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUK, JO		NAME	SHEILA REVELL	
STREET ADDRESS	2 GROVE ISLE DR #802		STREET ADDRESS	528 ALTARA AVENUE	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JANET		NAME	PATRICIA GRMOND	
STREET ADDRESS	9816 SW 110 ST		STREET ADDRESS	1244 ASTURIA AVENUE	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, THOMASINE		NAME	ROBERTA SMITH	
STREET ADDRESS	9354 SW 77 AVE APT 1-4		STREET ADDRESS	7601 SW 182 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDONO, ROSEMARY		NAME	ROSEMARY LONDONO	
STREET ADDRESS	13701 OLD CUTLER ROAD		STREET ADDRESS	13701 OLD CUTLER ROAD	
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP	MIAMI FL 33158	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: ROBERTA SMITH</b> <i>Roberta Smith</i> <b>April 5, 2004</b> <b>235-5254</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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