

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701164

FILED
Jan 05, 2007
Secretary of State

Entity Name: MUSEUM OF SCIENCE, INC.

Current Principal Place of Business:

3280 S. MIAMI AVE.
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

3280 S. MIAMI AVE.
MIAMI, FL 33129

New Mailing Address:

FEI Number: 59-0854960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, VICTOR M
200 SOUTH BISCAYNE BLVD
SUITE 4750
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: BELL, TRISH MRS
Address: 100 CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33143

Title: DC () Delete
Name: BELL, DANIEL M
Address: 100 CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33143

Title: P () Delete
Name: THOMAS, GILLIAN M
Address: 4171 MALAGA AVE.
City-St-Zip: COCONUT GROVE, FL 33133

Title: TD () Delete
Name: GOMEZ, GUILLERMO
Address: 3275 NW 87TH AVENUE
City-St-Zip: MIAMI, FL 33172

Title: SD () Delete
Name: ALVAREZ, VICTOR M
Address: 200 S BISCAYNE BLVD #4750
City-St-Zip: MIAMI, FL 33131

Title: V () Delete
Name: MCKEE, G. NANCY
Address: 3280 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: THOMAS, GILLIAN M
Address: 3280 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: G. NANCY MCKEE

V

01/05/2007

Electronic Signature of Signing Officer or Director

Date