

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701164

FILED  
May 30, 2008  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: 3280 SOUTH MIAMI AVE  
City-St-Zip: MIAMI, FL 33129

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

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 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: GILLIAN M THOMAS

P

05/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date