FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
~~Sandra B.~~ Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **705498** **(4)**

1. Corporation Name

THE SCIENCE CENTER GUILD, INC.

Principal Place of Business	Mailing Address
7701 22ND AVENUE NORTH ST PETERSBURG FL 33710	7701 22ND AVENUE NORTH ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1963
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-0874941 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22) (27)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State (23) (28)
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GORDON, SUSAN S
7701 22ND AVENUE NORTH
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE Apr 22, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition PD MACUSA ECHEVARRIA
NAME	BORGES, CHRIS	12 NAME	
STREET ADDRESS	7430 18TH ST NE	13 STREET ADDRESS	4940 - 58th Ave, South
CITY-ST-ZIP	ST PETERSBURG FL	14 CITY-ST-ZIP	St. Petersburg, Fl. 33715
TITLE	TD	21 TITLE	☑ Change ☐ Addition D
NAME	FOUNTAIN, AMANDA	22 NAME	Dorothy Escoffery
STREET ADDRESS	12212 TWIN BRANCH ACRES RD	23 STREET ADDRESS	5619 Sycamore St. North
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	St. Petersburg Fl 33703
TITLE	D	31 TITLE	☑ Change ☐ Addition D
NAME	APTER, CYNTHIA	32 NAME	J. MAHAN
STREET ADDRESS	11975 4TH ST E	33 STREET ADDRESS	7979 Sailboat Key Blvd # 404
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	St. Petersburg, FL. 33707
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dorothy Escoffery Apr 22, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dorothy Escoffery (Treas)

0084104