

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 705498

1. Entity Name
THE SCIENCE CENTER GUILD, INC.



Principal Place of Business
**7701 22ND AVENUE NORTH
ST PETERSBURG, FL 33710**

Mailing Address
**7701 22ND AVENUE NORTH
ST PETERSBURG, FL 33710**



04112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0874941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHRISTNER, TRACY L
7701 22ND AVENUE NORTH
ST. PETERSBURG, FL 33710**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLANDA, PAULA
STREET ADDRESS	641 SEGOVIA CT NE #303
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703

TITLE	VPD
NAME	WHITEHEAD, CONNIE
STREET ADDRESS	ONE BEACH DR. D2310
CITY-ST-ZIP	N. REDINGTON BEACH, FL 337081535

TITLE	TD
NAME	HARRING, JEANICE
STREET ADDRESS	8432 MEADOW BROOK DR.
CITY-ST-ZIP	LARGO, FL 33777

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/06-80004-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 727-384-002
Date Daytime Phone #