

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-16-2003 90148 018 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0874941**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **LORRALNA, DONNA**
STREET ADDRESS **779 PONCE DE LEON DR.**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **President - D** ☒ Change ☐ Addition
NAME **Paula Blanda**
STREET ADDRESS **641 Segovia Ct. NE #303**
CITY-ST-ZIP **St. Petersburg, FL 33703**

TITLE **PD** ☒ Delete
NAME **LORRAINE, DANNA**
STREET ADDRESS **779 PONCE DE LEON DRIVE**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **President-Elect - D** ☒ Change ☐ Addition
NAME **Susan Parsons**
STREET ADDRESS **6981 Sunset Dr.**
CITY-ST-ZIP **S. Pasadena, FL 33707**

TITLE **TD** ☒ Delete
NAME **RADELITE, ALICE**
STREET ADDRESS **401 SOUTH BATHCLUB BLVD.**
CITY-ST-ZIP **N. REDINGTON BEACH FL 33708-1535**

TITLE **Vice-President - D** ☒ Change ☐ Addition
NAME **Connie Whitehead**
STREET ADDRESS **One Beach Dr. D#2310**
CITY-ST-ZIP **St. Petersburg, FL 33707**

TITLE **PD** ☒ Delete
NAME **SPIES, EDIE**
STREET ADDRESS **7963 SAILBOAT KEY BLVD. SOUTH, #802**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE **Treasurer - D** ☒ Change ☐ Addition
NAME **Jeanice Harring**
STREET ADDRESS **8432 Meadow Brook Dr.**
CITY-ST-ZIP **Largo, FL 33777**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 817, 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

Jeanice Harring
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

727-551-5846

Daytime Phone #

CR2E037 (10/02)