

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 713105

1. Entity Name
THE SCIENCE CENTER OF PINELLAS COUNTY, INC.



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

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



01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**GORDON, SUSAN S
7701 22ND AVE N
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KNOWLTON, DAVID H
300-35RD AVE N. UNIT F-4
SAINT PETERSBURG, FL 33704**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DECKER, CAROL
320 NORTH BATH CLUB BLVD.
NORTH REDINGTON BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
GREEN, DAVID
11020 123TH AVE N
LARGO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
SIEGELIN, DON L
3041 EAGLE LANDING WEST CIRCLE
CLEARWATER, FL 33761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
RAWL, CATHERINE M
709-137 ST. N.E.
BRADENTON, FL 34202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01/20/04-80047-018 61.25

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IN THIS SPACE**

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 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: Carol P. Decker **CAROL P. DECKER** 1/14/04 727-384-0027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #