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**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 713606**

### THE SCIENCE CENTER ENDOWMENT FOUNDATION, INC.

Principal Place of Business 7701 22ND AVE MODTH

Mailing Address

2204 22ND AVE MODELL

# **FILED** Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90034 041 \*\*\*\*61.25

ST. PETERSBI	SURG FL 33710			PETERSBURG FL 337	710						
2. Principal F	Place of Busines	ss	2a.	Mailing Address				3. Date Incorporated or Qualifed	-	,	· .
21			26					11/09/1967			
Suite, Apt.	t. #, etc.	-		Suite, Apt. #, etc.				4. FEI Number		Ap	plied For
22			27					59-0874941		No	t Applicable
City & Sta	ate			City & State				5. Certificate of Status Desired		\$8.75	
23			28	<del> </del>				To Control of Ording Desired	<u> </u>	Fee Re	equired
Zip		Country	-	Zip		Country	<b>'</b> .	6. Election Campaign Financing	П	\$5.00	
24	25		29		30			Trust Fund Contribution		Added t	to Fees
•	9. Name ar	d Address of Currer		ered Agent		81		10. Name and Address of New F	legistered .	Agent	
			-			61	Name				
GORDON	I, SUSAN S	种种工作与研究	WE FO	a katalahan dan	•	82	Street A	Address (P.O. Box Number is Not Accepta	ble)		
7701 22N	ID AVE N		A-7 7 %	DELEGISTRE FOR RES		_		·			
ST PETER	RSBURG FL 3:	3710				83					
						84	City			85 Zip (	Code
****				·					FL		
office or agent. I a	am familiar with,	t, or both, in the State and accept the obliga	of Florida ations of, t	a. Such change was a Section 617.0503, Fl	authoriz orida St	zed by tatutes	the corpor	corporation submits this statement for the ration's board of directors. I hereby acceptance	t the appoir	ntment as re	gistered
SIGNATURE	Signature, typed or r	vinted game of registered age	nt and title if	applicable (NOT	F: Registe	ered Agen	nt signature rec	quired when reinstation)	DATE		<u>.                                    </u>
SIGNATURE 12.	Signature, typed or p	orinted name of registered age		<u> </u>		ared Agen	nt signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OFI	DATE FICERS AN	D DIRECTO	PRS IN 12
	Signature, typed or p	orinted name of registered age OFFICERS AN		<u> </u>	1:		nt signature red	ADDITIONS/CHANGES TO OF		D DIRECTO	PRS IN 12
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12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KNOWLTON 1140 42ND ST PETERSE SD DECKER, CA 320 N BATH NORTH RED TD GREENE, DA 11020 123TH LARGO FL	OFFICERS AN , DAVID H AVE NE BURG FL 33703 AROL CLUB BLVD. INGTON BEACH FI	ND DIREC	DELETE  DELETE  DELETE	1: 1.1.1.1.2.1.3.1.4.4.2.1.1.2.2.2.3.3.3.4.4.1.4.4.4.4.4.4.4.4.4.4.4.4.4.4	3. 1 TITLE 2 NAME 1 STREET 1 TITLE 2 NAME 2 NAME 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	ADDITIONS/CHANGES TO OF		☐ Change ☐ Change ☐ Change	Addition Addition Addition

14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

TILE

NAME

STREET ADDRESS

☐ DELETE

☐ Addition

☐ Change