

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 713606

1. Entity Name
**THE SCIENCE CENTER ENDOWMENT FOUNDATION,
INC.**



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

Mailing Address
**7701 22ND AVE 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 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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLTON, DAVID H 300-35TH AVENUE NORTH UNIT F-4 SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DECKER, CAROL 320 N BATH CLUB BLVD. NORTH REDINGTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENE, DAVID 11020 123TH AVE NORTH LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SIEGELIN, DON L 8041 EAGLES LANDING WEST CIRCLE CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD RAWL, CATHERINE M 709-137 STREET NORTH EAST BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000549033
05/13/06-80004-017 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**
384-0027

Date

Daytime Phone #