

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715056

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** MUSEUM OF SCIENCE AND INDUSTRY, INC.

**Current Principal Place of Business:**

4801 E. FOWLER AVE.  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

4801 E. FOWLER AVE.  
TAMPA, FL 33617

**New Mailing Address:**

**FEI Number:** 59-2657399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

OSTRENKO, WIT  
15323 WINDING CREEK DR  
TAMPA, FL US

**Name and Address of New Registered Agent:**

OSTRENKO, WIT  
6221 NORTH DALE MABRY  
TAMPA, FL 33614 US

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.

SIGNATURE: WIT OSTRENKO

04/24/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: SHERAW, HARRY  
Address: 13008 GRAND TRAVERSE DR  
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete  
Name: LANG, ROBERT  
Address: 602 VANDERBAKER RD  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: TD ( ) Delete  
Name: BRITTON, CHARLES  
Address: 3409 PALMIRA AVE  
City-St-Zip: TAMPA, FL 33629

Title: SD ( ) Delete  
Name: HANEY, REID  
Address: 3014 HARBOR VIEW AVE  
City-St-Zip: TAMPA, FL 33611

Title: P ( ) Delete  
Name: OSTRENKO, WIT,  
Address: 15323 WINDING CREEK DR  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: OSTRENKO, WIT,  
Address: 6221 NORTH DALE MABRY  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN PROSSICK

VP

04/24/2007

Electronic Signature of Signing Officer or Director

Date