

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715056

**FILED**  
**Feb 19, 2010**  
**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  
4801 E FOWLER AVE  
TAMPA, FL 33617 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DC  
**Name:** AZORIN BLANCO, MARUCHI  
**Address:** 32 BAHAMA CIRCLE  
**City-St-Zip:** TAMPA, FL 33606

**Title:** D  
**Name:** ROSICA, GREGORY A  
**Address:** 9214 MEADOW LANE  
**City-St-Zip:** TAMPA, FL 33647

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

**Title:** SD  
**Name:** FISHER SIMPSON, PAIGE  
**Address:** 10322 CARROLL COVE PLACE  
**City-St-Zip:** TAMPA, FL 33612

**Title:** P  
**Name:** OSTRENKO, WIT  
**Address:** 8015 THATCHER AVE  
**City-St-Zip:** TAMPA, FL 33614

I hereby 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 all other like empowered.

**SIGNATURE:** KATHY PROSSICK

VP

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date