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FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **720749** (1)

1. Corporation Name

**INTERNATIONAL SCIENCE COUNCIL, INC.**

Principal Place of Business

**1530 CROSS ST.  
SARASOTA FL 33577-3715**

Mailing Address

**1530 CROSS ST.  
SARASOTA FL 34236-7015**



3. Date Incorporated or Qualified  
**04/21/1971**

3a. Date of Last Report  
**04/12/1996**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip Country

**24**

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip Country

**29**

**30**

4. FEI Number  
**23-7115009**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIMBROUGH, ROBERT A.  
1530 CROSS ST.  
SARASOTA FL 34236-3715**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **PUTT, DONALD L.**  
STREET ADDRESS **87 FLOOD CIRCLE**  
CITY-ST-ZIP **ATHERTON CA**

TITLE **D** ☐ DELETE  
NAME **BLACK, RICHARD B**  
STREET ADDRESS **RIPPON LODGE**  
CITY-ST-ZIP **WOODBRIIDGE VA**

TITLE **D** ☐ DELETE  
NAME **JEFFERY, WALTER**  
STREET ADDRESS **1705 E HUNTINGWOOD LANE**  
CITY-ST-ZIP **BLOOMFIELD HILLS MI**

TITLE **TD** ☐ DELETE  
NAME **CHAMPION, ROBERT L, JR**  
STREET ADDRESS **202 BEARON**  
CITY-ST-ZIP **BOSTON MA**

TITLE **CD** ☐ DELETE  
NAME **CHAMPION, V. M.**  
STREET ADDRESS **3314 C GLOUSTER ST**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☐ DELETE  
NAME **CHAMPION, JOHN B.**  
STREET ADDRESS **11270 CHAMPAGNE PT RD**  
CITY-ST-ZIP **KIRKLAND WA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

4-22-97

CR2E037 (9/96)