

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 741214 (1)**  
1. Corporation Name  
**PATRONS OF THE MUSEUM OF SCIENCE, INC.**



Principal Place of Business

Mailing Address

6808 SW 81 STR  
MIAMI FL 33143  
US

6808 SW 81 STR  
MIAMI FL 33143  
US

3. Date Incorporated or Qualified  
**12/23/1977**

3a. Date of Last Report  
**03/10/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRENNER, CORA L**  
**18499 SW 79 CT**  
**MIAMI FL 33157**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD MURAD, BARBARA  
530 TIBIDABO AVE  
CORAL GABLES FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VP COX, GAIL  
15390 SW 72 CT  
MIAMI FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

SD GILSTRAP, BOBBIE  
531 SANTURCE  
CORAL GABLES FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

S ZEILLER, CHARDY  
5016 SW 72 AVE  
MIAMI FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TD BRENNER, CORA LEE  
18499 SW 79 CT  
MIAMI FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

PD AUDREY SAUNDERS  
11333 SW 87 TERR.  
MIAMI, FL 33173

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

SD BARBARA JACOBS  
6751 SW 125 TERR.  
MIAMI FL 33156

☒ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

S MERLE MCCORMICK  
900 SAN PEDRO AVE.  
CORAL GABLES, FL 33156

☒ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Cora Lee Brenner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 29, 1996*  
Date

*(305) 255-0567*  
Daytime Phone #

CR2E037 (12/95)