

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90032 033 ****61.25

DOCUMENT # 741214

1. Entity Name

PATRONS OF THE MUSEUM OF SCIENCE, INC.



Principal Place of Business

6808 SW 81 STR
MIAMI FL 33143
US

Mailing Address

6808 SW 81 STR
MIAMI FL 33143
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1802789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRENNER, CORA L
18499 SW 79 CT
MIAMI FL 33157

Name

MARITA F. TROTTER
Street Address (P.O. Box Number is Not Acceptable)

3503 CRYSTAL VIEW CT.

City

MIAMI

FL

Zip Code

33133

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

Marita F. Trotter

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **KMETZ, FAYE**
STREET ADDRESS **3471 SW 3 AVENUE**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **PS** ☒ Change ☐ Addition
NAME **ANN McALLISTER**
STREET ADDRESS **19411 S.W. 308 ST.**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **VP** ☐ Delete
NAME **KAYE-MARTIN, SUE**
STREET ADDRESS **3017 B LAINE STREET**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **TROTTER, MARITA**
STREET ADDRESS **3503 CRYSTAL VIEW CT**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **TREAS.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **PAWLEY, CLARE**
STREET ADDRESS **5018 SW 72 AVENUE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **LEE BRENNER, CORA**
STREET ADDRESS **18499 SW 79 CT**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

Marita F. Trotter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04

305-854-6234

Date

Daytime Phone #