

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741214

FILED
Apr 12, 2008
Secretary of State

Entity Name: PATRONS OF THE MUSEUM OF SCIENCE, INC.

Current Principal Place of Business:

530 TIBIDABO AVENUE
CORAL GABLES, FL 33143 US

New Principal Place of Business:

11795 S.W. 61 COURT
PINECREST, FL 33156 US

Current Mailing Address:

530 TIBIDABO AVENUE
CORAL GABLES, FL 33143 US

New Mailing Address:

11795 S.W. 61 COURT
PINECREST, FL 33156 US

FEI Number: 59-1802789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURAD, BARBARA E
530 TIBIDABO AVENUE
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

GACHE, JODY
11795 S.W. 61 CT.
PINECREST, FL 33156 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: JODY GACHE

04/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCALLISTER, ANN
Address: 19411 S. W. 308 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: VP () Delete
Name: KAYE-MARTIN, SUE
Address: 3017 BLAINE STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: T () Delete
Name: MURAD, BARBARA
Address: 530 TIBIDABO AVENUE
City-St-Zip: CORAL GABLES, FL 33143

Title: S () Delete
Name: STRANO, LORENE
Address: 25450 S. W. 193 AVENUE
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEVELL, MARIE T
Address: 5990 S.W. 135 TERR.
City-St-Zip: PINECREST, FL 33156

Title: VP (X) Change () Addition
Name: CRUXENT, ANNE S
Address: 5530 LEJEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33146

Title: T (X) Change () Addition
Name: GACHE, JODY
Address: 11795 S.W. 61 COURT
City-St-Zip: PINECREST, FL 33156

Title: S (X) Change () Addition
Name: KMETZ, FAYE
Address: 3471 S.W. 3 AVENUE
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify 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: JODY GACHE

T

04/12/2008

Electronic Signature of Signing Officer or Director

Date