2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F92000000878

1. Entity Name
MOTE SCIENTIFIC FOUNDATION, INC.

Principal Place of Business	Mailing Address
1600 KEN THOMPSON PKWY SARASOTA, FL 34236	1600 KEN THOMPSON PKWY SARASOTA, FL 34236

01142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
13-6117615

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HULL, PETER T
1600 KEN THOMPSON PKWY
SARASOTA, FL 34236

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RITCHIE, BILL
STREET ADDRESS	P O BOX 58061
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715
TITLE	P
NAME	HULL, PETER T
STREET ADDRESS	3637 WHITE LANE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	T
NAME	GALVANO, WILLIAM
STREET ADDRESS	1023 MANATEE AVE W
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	S
NAME	PRATT, HELEN L
STREET ADDRESS	4603 SELMA ST
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	D
NAME	MAHADEVAN, KLIMAR
STREET ADDRESS	5420 AZURE WAY
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000001445017
03/07/06-80027-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Helen L Pratt, Sec. 2/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #