

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 A
Secretary of State

DOCUMENT # F92000000878 1. Entity Name MOTE SCIENTIFIC FOUNDATION, INC.	
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Principal Place of Business 1600 KEN THOMPSON PKWY SARASOTA, FL 34236	Mailing Address 1600 KEN THOMPSON PKWY SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE



02202007 No Chg-NP CR2E037 (4/06)

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

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITCHIE, BILL P O BOX 58081 SAINT PETERSBURG, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HULL, PETER T 3637 WHITE LANE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALVANO, WILLIAM 1023 MANATEE AVE W BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRATT, HELEN L 4603 SELMA ST SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHADEVAN, KLIMAR 5420 AZURE WAY SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/07-80030-003 61.25

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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.** **2/20/07** **941-544-7232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #