

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003036 (9)

1. Corporation Name

SOCIETY FOR COLLEGE SCIENCE TEACHERS, INC.



Principal Place of Business

Mailing Address

C/O EILEEN GREGORY, DEPT. OF BIOLOGY
100 HOLT AVENUE (ROLLINS COLLEGE)
WINTER PARK FL 32789-4499

C/O EILEEN GREGORY, DEPT. OF BIOLOGY
100 HOLT AVENUE (ROLLINS COLLEGE)
WINTER PARK FL 32789-4499

3. Date Incorporated or Qualified
06/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 **1000 Holt Ave. (Rollins College)**
City & State

27 **1000 Holt Ave (Rollins College)**
City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number

75-1722620

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREGORY, EILEEN PHD
DEPT. OF BIOLOGY, ROLLINS COLLEGE
1000 HOLT AVENUE
WINTER PARK FL 32789-4499

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **MCINTOSH, WILLIAM J**
STREET ADDRESS **DELAWARE STATE UNIVERSITY**
CITY-ST-ZIP **DOVER DE 19901**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **MCINTOSH, WILLIAM J**
1.3 STREET ADDRESS **1200 N DUPONT HIGHWAY**
1.4 CITY-ST-ZIP **DOVER DE 19901**

TITLE **V** ☐ DELETE
NAME **DONOVAN, MICHAEL P**
STREET ADDRESS **SOUTHERN UTAH UNIVERSITY**
CITY-ST-ZIP **CEDAR CITY UT 84720**

2.1 TITLE **V/D** ☒ Change ☐ Addition
2.2 NAME **DONOVAN, MICHAEL P**
2.3 STREET ADDRESS **351 W CENTER STREET**
2.4 CITY-ST-ZIP **CEDAR CITY UT 84720**

TITLE **ST** ☐ DELETE
NAME **GREGORY, EILEEN**
STREET ADDRESS **ROLLINS COLLEGE**
CITY-ST-ZIP **WINTER PARK FL 32789-4499**

3.1 TITLE **ST/D** ☒ Change ☐ Addition
3.2 NAME **GREGORY, EILEEN**
3.3 STREET ADDRESS **1000 HOLT AVENUE**
3.4 CITY-ST-ZIP **WINTER PARK FL 32789-4499**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **500001740895**
5.2 NAME **-03/13/96--01024--025** ☒ Change ☐ Addition
5.3 STREET ADDRESS *****61.25**
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Eileen Gregory* **EILEEN GREGORY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (407)646-2430
Date Daytime Phone #

CR2E037 (12/95)

9/11/96