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FILED  
Apr 13 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
1000 HOLT AVENUE(ROLLINS COLLEGE)  
WINTER PARK FL 32789-4499

C/O EILEEN GREGORY, DEPT. OF BIOLOGY  
1000 HOLT AVENUE(ROLLINS COLLEGE)  
WINTER PARK FL 32789-4499



3. Date Incorporated or Qualified

06/23/1995

4. FEI Number

75-1722620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MCINTOSH, WILLIAM J  
STREET ADDRESS 1200 N DUPONT HIGHWAY  
CITY-ST-ZIP DOVER DE 19901 ☐ DELETE

TITLE VD  
NAME DONOVAN, MICHAEL P  
STREET ADDRESS 351 W CENTER STREET  
CITY-ST-ZIP CEDAR CITY UT 84720 ☐ DELETE

TITLE STD  
NAME GREGORY, EILEEN  
STREET ADDRESS 1000 HOLT AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789-4499 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Donovan, Michael P.  
1.3 STREET ADDRESS 351 West Center Street  
1.4 CITY-ST-ZIP Cedar City, UT 84720

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME Pridmore, Brook M.  
2.3 STREET ADDRESS 4510 Village Drive  
2.4 CITY-ST-ZIP Dunwoody, GA 30338

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

14. 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 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

4/6/98

(407) 646-2430

CR2E037 (10/97)