

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90197 010 ****61.25

DOCUMENT # N00000007561

1. Entity Name
**TOOMEY FOUNDATION FOR THE NATURAL SCIENCE,
INC.**



Principal Place of Business
**6425 28TH AVE EAST
BRADENTON, FL 34208**

Mailing Address
**308 13TH STREET WEST
BRADENTON, FL 34205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-1077421

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILCOX, DAVID W
1901 6TH AVE WEST
6TE 401
BRADENTON, FL 34205**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 David W. Wilcox **DAVID W. WILCOX** 1-9-06
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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TOOMEY, JAMES K	
STREET ADDRESS	6425 28TH AVE EAST	
CITY-ST-ZIP	BRADENTON, FL 34208	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOOMEY, BARBARA K	
STREET ADDRESS	6425 28TH AVE EAST	
CITY-ST-ZIP	BRADENTON, FL 34208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOOMEY, LORIAN M	
STREET ADDRESS	6425 28TH AVE EAST	
CITY-ST-ZIP	BRADENTON, FL 34208	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALULA, NANCY P	
STREET ADDRESS	700 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, DOUG	
STREET ADDRESS	P.O. BOX 127110	
CITY-ST-ZIP	GAINESVILLE, FL 32611	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOOMEY, MIKE	
STREET ADDRESS	15355 WEST HIGHWAY 326	
CITY-ST-ZIP	MORRISTON, FL 32668	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOOMEY, HEIDI	
STREET ADDRESS	15355 West Hwy. 326	
CITY-ST-ZIP	MORRISTON, FL 32668	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	190 Buttonwood Drive	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: David W. Wilcox **DAVID W. WILCOX** 1-10-06 941-746-2136
Signature and typed or printed name of signing officer or director Date Daytime Phone #

Director
Treasurer