


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

FILED
Mar 16, 2007 08:00 AM
Secretary of State

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	



03122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1077421	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILCOX, DAVID W
308 13TH ST. W.
BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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**

U000000670362
03/27/07-80103-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOMEY, JAMES K 6425 28TH AVE EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOMEY, BARBARA K 6425 28TH AVE EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOMEY, HEIDI 15355 W HWY 328 MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALULA, NANCY P 190 BUTTONWOOD DR. KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DOUG P.O. BOX 127110 GAINESVILLE, FL 32611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOMEY, MIKE 15355 WEST HIGHWAY 328 MORRISTON, FL 32668

**DO NOT WRITE
IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07 941-748-4646
Date Daytime Phone #