2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007561

FILED Jan 16, 2008 Secretary of State

Entity Name: TOOMEY FOUNDATION FOR THE NATURAL SCIENCE, INC.

Current Principal Place of Business:		New Principal P	New Principal Place of Business:	
	HAVE EAST FON, FL 34208			
current Mailing Address:		New Mailing Ad	New Mailing Address:	
	STREET WEST FON, FL 34205			
El Number	: 65-1077421 FEI Number Applied For ()	FEI Number Not Applicable (() Certificate of Status Desired ()	
ame and	Address of Current Registered Agent:	Name and Addr	ess of New Registered Agent:	
08 13TH	DAVID W ST, W. FON, FL 34205 US			
	e named entity submits this statement for the pe of Florida.	ourpose of changing its regi	stered office or registered agent, or both	
GNATU			D -	
	Electronic Signature of Registered Age		Date	
FFICER	S AND DIRECTORS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTO	
le: ame: ldress: ty-St-Zip:	D () Delete TOOMEY, JAMES K 6425 28TH AVE EAST BRADENTON, FL 34208	Title: Name: Address: City-St-Zip:	() Change () Addition	
tle: ame: ldress: ty-St-Zip:	D () Delete TOOMEY, BARBARA K 6425 28TH AVE EAST BRADENTON, FL 34208	Title: Name: Address: City-St-Zip:	() Change () Addition	
	D () Delete	Title:	() Change () Addition	
ame: Idress:	TOOMEY, HEIDI 15355 W HWY 326 MORRISTON, FL 32668	Name: Address: City-St-Zip:		
cle: ame: ldress: ty-St-Zip: cle: ame: ldress: ty-St-Zip:	TOOMEY, HEIDI 15355 W HWY 326	Address:	()Change ()Addition	
ime: ldress: ty-St-Zip: le: ime: ldress:	TOOMEY, HEIDI 15355 W HWY 326 MORRISTON, FL 32668 D () Delete HALULA, NANCY P 190 BUTTONWOOD DR.	Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES K. TOOMEY D 01/16/2008