

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008232

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** SCIENCE INSTITUTE OF DISCOVERY, INC.

**Current Principal Place of Business:**

4875 43RD AVE.  
VERO BEACH, FL 32967

**New Principal Place of Business:**

**Current Mailing Address:**

4125 61ST AVENUE  
VERO BEACH, FL 32967

**New Mailing Address:**

**FEI Number:** 65-1155338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INGRAM, SPENCER  
118 SALEM CT.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DIRE  
**Name:** EALY, SIMONIA  
**Address:** 5825 59TH DRIVE  
**City-St-Zip:** VERO BEACH, FL 32967

**Title:** DIRE  
**Name:** WISSEL, CARLA  
**Address:** 4615 4TH ST.  
**City-St-Zip:** VERO BEACH, FL 32968

**Title:** SEC  
**Name:** ROBINSON, PAMELA  
**Address:** 4575 43RD CT  
**City-St-Zip:** VERO BEACH, FL 32967

**Title:** PRES  
**Name:** INGRAM, MARGARET A  
**Address:** 4125 61ST  
**City-St-Zip:** VERO BEACH, FL 32967

**Title:** V.PR  
**Name:** CHELLEMI, DAN  
**Address:** 2176 SW 16TH AVE  
**City-St-Zip:** VERO BEACH, FL 32962

I hereby 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 all other like empowered.

**SIGNATURE:** MARGARET INGRAM

ED

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date