

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007179

FILED
Feb 24, 2006
Secretary of State

Entity Name: FLORIDA SCIENCE OLYMPIAD, INCORPORATED

Current Principal Place of Business:

4301 S. APOPKA VINELAND ROAD
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

4301 S. APOPKA VINELAND
ORLANDO, FL 32835

New Mailing Address:

4301 S. APOPKA VINELAND ROAD
ORLANDO, FL 32835

FEI Number: 20-0167278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARA, SHARP
6491 DAYS BROOK DRIVE
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

SHARP, LARA L MS.
6491 DAYS BROOK DRIVE
UNIT 102
ORLANDO, FL 32835 US

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: LARA SHARP

02/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LARA, SHARP
Address: 6491 DAYS BROOK DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: S () Delete
Name: MIKE, MCKEE
Address: 825 SOUTH BUMBY AVE.
City-St-Zip: ORLANDO, FL 32803

Title: VP () Delete
Name: JASON, GILLEY
Address: 4013 PROMENADE SQUARE DRIVE #3721
City-St-Zip: ORLANDO, FL 32837

Title: T () Delete
Name: RON, SOTOMAYOR
Address: 825 SOUTH BUMBY AVE.
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHARP, LARA
Address: 6491 DAYS BROOK DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: S (X) Change () Addition
Name: MCKEE, MIKE
Address: 825 SOUTH BUMBY AVE.
City-St-Zip: ORLANDO, FL 32803

Title: VP (X) Change () Addition
Name: GILLEY, JASON
Address: 4013 PROMENADE SQUARE DRIVE #3721
City-St-Zip: ORLANDO, FL 32837

Title: T (X) Change () Addition
Name: SOTOMAYOR, RON
Address: 825 SOUTH BUMBY AVE.
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the 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: LARA SHARP

MS.

02/24/2006

Electronic Signature of Signing Officer or Director

Date