## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N05000011058



**FILED** Apr 11, 2007 8:00 am Secretary of State

1. Entity Nam	AN SCIENCE SOCIETY, TA				04	-11-2007 9	0026 025	5 ****61.2	25	
Principal Plac POBOX 2712 TAMPA, FL	282	Mailing Address POBOX 271282 TAMPA, FL 33688-12	ŌX 271282			300-				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04062007 C	hg-NP	CR2E03	37 (12/06)		
City & State	e	City & State			4. FEI Number				oplied For	
Zip Country		Zip Country			20-081999 5. Certificate of Si			\$8.75 Add		
	6 Name and Address of Comment	Decisioned Access	<u> </u>		<u> </u>			Fee Require	d	
	6. Name and Address of Current	Registered Agent	Na Na	ame	7. Name and Add	LESS OF MEM IN	egistered A	-gent		
	TEPHEN J III ESQ		-	root Addross	P.O. Roy Number is	Not Appointable	-1		<del></del>	
	LARDNER LLP 'A STREET NORTH, SUITE 27	·00	SI	reet Address	P.O. Box Number is	IVOI Acceptable	<del>)</del>			
	L 33601-3391	00								
			Ċi	ity			FL	Zip Cod	e	
9 The shows	named entity submits this statement fo	w the purpose of changing its	registered of	Higa or ragista	rod agent or both in	the State of Ele		familiae with	and accent	
the obligat	lions of registered agent.									
SIGNATURE .										
•	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered Ager	nt signature require	d when reinstating)		DATE			
•	Filling Fee is \$61.25 Due by May 1, 2007	9. Election Car			\$5.00 May Be Added to Fees		lake checi	payable to		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Cal Trust Fund (	mpaign Finan	cing	\$5.00 May Be	Flor	lake check ida Depar	tment of S	tate	
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12. I hereby certify that the information supplied with this filling 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: \( \square\)

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR