

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30431

FILED
May 30, 2008
Secretary of State

Entity Name: MUSEUM OF SCIENCE ENDOWMENT FUND, INC.

Current Principal Place of Business:

3280 SOUTH MIAMI AVENUE
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

3280 SOUTH MIAMI AVENUE
MIAMI, FL 33129

New Mailing Address:

FEI Number: 65-0166471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALVAREZ, VICTOR M
3280 SOUTH MIAMI AVENUE
MIAMI, FL 33129 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: DC () Delete
Name: LESS, MITCHELL
Address: 3280 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33129

Title: DT () Delete
Name: GOMEZ, GUILLERMO
Address: 3280 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33129

Title: P () Delete
Name: THOMAS, GILLIAN
Address: 3280 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33129

Title: V () Delete
Name: MCKEE, G NANCY
Address: 3280 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33129

Title: S () Delete
Name: ALVAREZ, VICTOR M
Address: 3280 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GILLIAM M THOMAS

P

05/30/2008

Electronic Signature of Signing Officer or Director

_____ Date