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Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41745 (3)

1. Corporation Name

THE MATH, SCIENCE, AND TECHNOLOGY FOUNDATION OF
FLORIDA, INC.

Principal Place of Business

Mailing Address

2915 NE PINE ISLAND ROAD
CAPE CORAL FL 33909
USP. O. BOX 151381
CAPE CORAL FL 33915-1381
US3. Date Incorporated or Qualified
01/22/19913a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0243336Applied For
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, WILLIAM M
2002 DEL PRADO BLVD SOUTH
STE 105
CAPE CORAL FL 33990

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT ☐ DELETE
NAME CARUSO, TODD A
STREET ADDRESS 8191 COLLEGE PARKWAY, STE. 302
CITY - ST - ZIP FT. MYERS FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE DS ☐ DELETE
NAME MESCH, MARTIN R
STREET ADDRESS 617 SE 33RD TER
CITY - ST - ZIP CAPE CORAL FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE DVC ☐ DELETE
NAME JENKINS, JUDITH A
STREET ADDRESS 1407 SE 22ND ST
CITY - ST - ZIP CAPE CORAL FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME WALTEMYER, ROGER L.
STREET ADDRESS 743 CORAL DRIVE
CITY - ST - ZIP CAPE CORAL FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE DC ☐ DELETE
NAME MAZURKIEWICZ, JOSEPH M JR
STREET ADDRESS 3206 SW 7TH PLACE
CITY - ST - ZIP CAPE CORAL FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE D ☒ DELETE
NAME STOUT, MARILYN M.
STREET ADDRESS 4925 SW 10TH AVENUE
CITY - ST - ZIP CAPE CORAL FL6.1 TITLE ☐ Change ☒ Addition
6.2 NAME JORGENSEN, EULA R.
6.3 STREET ADDRESS 516 CORONADO PARKWAY
6.4 CITY - ST - ZIP CAPE CORAL FL 33904

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-97 941-997-2800

CR2E037 (9/96)