
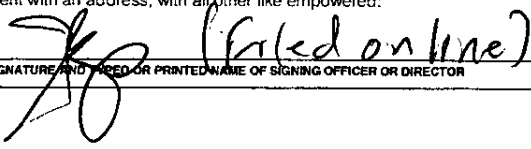


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90007 031 ****61.25

DOCUMENT # N41745 1. Entity Name THE MATH, SCIENCE, AND TECHNOLOGY FOUNDATION OF FLORIDA, INC.					
Principal Place of Business 2915 NE PINE ISLAND ROAD CAPE CORAL, FL 33909 US				Mailing Address P. O. BOX 151381 CAPE CORAL, FL 33915-1381 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2915 NE PINE ISLAND RD Suite, Apt. #, etc.			
City & State _____		City & State CAPE CORAL, FL		4. FEI Number 65-0243336	
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POWELL, WILLIAM M 3515 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name JEFF RODGERS Street Address (P.O. Box Number is Not Acceptable) 420 TUDDER DR. #A4 City CAPE CORAL FL Zip Code 33904			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRODER, CHRIS P. O. BOX 101486 CAPE CORAL, FL 339101486 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MESCH, MARTIN R 617 SE 33RD TER CAPE CORAL, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GRUENTHAL, KAREN 13451 MCGREGOR BLVD., SUITE 26 FORT MYERS, FL 33916 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTEMYER, ROGER L. P.O. BOX 540 FORT MYERS, FL 339020540 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC KRAM, CAROL 4707 SE 9TH PLACE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BELLINI, TOM 4707 SE 9TH PLACE, SUITE 102 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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:  (Filed online) 9-3-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					