

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90076 041 ****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 2915 NE PINE ISLAND ROAD CAPE CORAL, FL 33909 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0243336	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RODGERS, JEFF 420 TUDOR DR # A4 CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name <u>Jeffery Tiller</u> Street Address (P.O. Box Number is Not Acceptable) <u>16848 Colony Lakes Blvd</u> City <u>Fort Myers</u> FL Zip Code <u>33908</u>	
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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>3-8-05</u> (NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	SCHRODER, CHRIS		NAME	Mueker, Thomas	
STREET ADDRESS	P. O. BOX 101486		STREET ADDRESS	10500 Buckingham Rd. Suite 400	
CITY-ST-ZIP	CAPE CORAL, FL 339101486		CITY-ST-ZIP	Fort Myers, FL 33905	
TITLE	DS	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	MESCH, MARTIN R		NAME	1019 NW 42nd Place	
STREET ADDRESS	617 SE 33RD TER		STREET ADDRESS	Cape Coral, FL 33993	
CITY-ST-ZIP	CAPE CORAL, FL		CITY-ST-ZIP		
TITLE	DC	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	GRUENTHAL, KAREN		NAME	1550 McGreggor Blvd Ste. 104	
STREET ADDRESS	13451 MCGREGOR BLVD., SUITE 26		STREET ADDRESS	FORT MYERS FL 33908	
CITY-ST-ZIP	FORT MYERS, FL 33916		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WALTEMYER, ROGER L.		NAME		
STREET ADDRESS	P.O. BOX 540		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 339020540		CITY-ST-ZIP		
TITLE	DVC	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	KRAM, CAROL		NAME	Julia East	
STREET ADDRESS	4707 SE 9TH PLACE		STREET ADDRESS	508 Cape Coral Pkwy W.	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Cape Coral, FL 33914-6500	
TITLE	DT	☒ Delete	TITLE	DT	☐ Change ☒ Addition
NAME	BELLINI, TOM		NAME	Thomson, Miles	
STREET ADDRESS	4707 SE 9TH PLACE, SUITE 102		STREET ADDRESS	5345 Cocoa Ct.	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Cape Coral FL 33904	
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>3/9/05</u> (239) Daytime Phone # <u>8267-2609</u>	