FILE NOW: FILING FEE IS $61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002397

1. Corporation Name

PRINCIPIA SCIENCE CLUB OF SUNRISE MIDDLE SCHOOL, INC.

Principal Place of Business	Mailing Address
3616 NE 25 AVE FT LAUDERDALE FL 33308 US	3616 NE 25 AVE FT LAUDERDALE FL 33308 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	**05/25/1993**

Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	**NOT APPLICABLE**	Not Applicable

City & State	City & State	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
23	28		

Zip	Country	Zip	Country	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
24	25	29	30		

9. Name and Address of Current Registered Agent | **10. Name and Address of New Registered Agent**

REGAN, J. DOUGLAS
1750 NE 14 ST
FORT LAUDERDALE FL 33316

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	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REGAN, DOUGLAS J		1.2 NAME	
STREET ADDRESS	1750 N.E. 14 ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBYN MOLDENHAWER		2.2 NAME	
STREET ADDRESS	2817 NW 9TH TERRANCE		2.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33311		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PATRICK RUSH		3.2 NAME	
STREET ADDRESS	119 ROSE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL 33316		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DON HOUCHENS		4.2 NAME	
STREET ADDRESS	813 NW 26TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33311		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *J Douglas Regan* 1/2/99 954-566-4706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)