## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000001769

FILED Apr 23, 2012 Secretary of State

Entity Name: MUSEUM OF SCIENCE AND INDUSTRY ENDOWMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

4801 EAST FOWLER AVENUE TAMPA, FL 33617

Current Mailing Address: New Mailing Address:

4801 EAST FOWLER AVENUE TAMPA, FL 33617

FEI Number: 59-3250318 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PIEPER, JOHN H
4801 EAST FOWLER AVENUE
TAMPA, FL 33617 US

SCHIFF, ALFRED N
4801 EAST FOWLER AVENUE
TAMPA, FL 33617 US

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: ALFRED SCHIFF 04/23/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: SD

 Name:
 RODGERS, WARREN L

 Address:
 611 S FT HARRISON AVE #364

 City-St-Zip:
 CLEARWATER, FL 33756

Title: TD

Name: KRUSEN, W. ANDREW Address: 3415 MORRISON AVE City-St-Zip: TAMPA, FL 33629

Title: PD

Name: SCHIFF, ALFRED N Address: 4802 CULBREATH ISLES RD.

City-St-Zip: TAMPA, FL 33629

Title: CFO

Name: PROSSICK, KATHY
Address: 15206 LAKE MAURINE DR
City-St-Zip: ODESSA, FL 33556

I hereby 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 all other like empowered.

SIGNATURE: KATHY PROSSICK VP 04/23/2012