


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741228 (1)**  
1. Corporation Name  
**CENTRAL FLORIDA ASTRONOMICAL SOCIETY, INC.**



Principal Place of Business <b>P.O. BOX 181590 ALTAMONTE SPRINGS FL 32716-8590</b>	Mailing Address <b>P.O. BOX 181590 ALTAMONTE SPRINGS FL 32716-1590</b>
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3. Date Incorporated or Qualified <b>12/27/1977</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>59-1820784</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUMBLEY, KATHY  
PO BOX 5472 NA  
818 ANDERSON DR  
DELTONA FL 32728**

81 Name <b>LEE ELAINE E.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>414 GREYFORD LANE</b>
83
84 City <b>CASSELBERRY</b>
85 Zip Code <b>FL 32707</b>

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 Elaine E. Lee (ELAINE E. LEE) DATE 2-4-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HEARN, DAVID</b>		1.2 NAME	
STREET ADDRESS <b>1322 AUGUSTA NATIONAL BLVD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>WINTER SPRINGS FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOIN, ERIC</b>		2.2 NAME	
STREET ADDRESS <b>1427 ROSCOE DR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>KISSIMMEE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUMBLEY, KATHY</b>		3.2 NAME <b>LEE, ELAINE E.</b>	
STREET ADDRESS <b>P. O. BOX 5472 N/A</b>		3.3 STREET ADDRESS <b>414 GREYFORD LANE</b>	
CITY-ST-ZIP <b>DELTONA FL</b>		3.4 CITY-ST-ZIP <b>CASSELBERRY, FL 32707</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ZIELANT, ALEX</b>		4.2 NAME <b>FINNIHAN, CHARLES W.</b>	
STREET ADDRESS <b>1715 GASTON FOSTER RD.</b>		4.3 STREET ADDRESS <b>9845 LAKE GEORGIA DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		4.4 CITY-ST-ZIP <b>ORLANDO, FL 32817</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)