

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741228

FILED  
Jan 10, 2005  
Secretary of State

**Entity Name:** CENTRAL FLORIDA ASTRONOMICAL SOCIETY, INC.

**Current Principal Place of Business:**

P.O. BOX 917701  
LONGWOOD, FL 32791 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 917701  
LONGWOOD, FL 32791 US

**New Mailing Address:**

**FEI Number:** 59-1820784      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HOFFBERG, ALAN M  
414 TWISTING PINE CIRCLE  
LONGWOOD, FL 32779 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, RAY  
Address: 1225 NORTHERN WAY  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD ( ) Delete  
Name: WEEKS, PAT  
Address: 744 E. ALPINE ST.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD ( ) Delete  
Name: HOFFBERG, ALAN M  
Address: 414 TWISTING PINE CIRCLE  
City-St-Zip: LONGWOOD, FL 32779 26

Title: D ( ) Delete  
Name: SPERL, FRANK  
Address: 176 WILLOW CREEK COVE  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: KRONENWETTER, PAUL  
Address: 2830 WILLOW BAY TER.  
City-St-Zip: CASSELBERRY, FL 32707 67

Title: SD ( ) Delete  
Name: FURROW, DAVID  
Address: 2101 E ATMORE CIR  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: WEEKS, PAT  
Address: 744 E. ALPINE ST.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: FURROW, DAVID  
Address: 2101 E ATMORE CIR  
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALAN M. HOFFBERG

TD

01/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date