

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741228

FILED
Apr 24, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA ASTRONOMICAL SOCIETY, INC.

Current Principal Place of Business:

414 TWISTING PINE CIRCLE
LONGWOOD, FL 327792634 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:

HOFFBERG, ALAN M
414 TWISTING PINE CIRCLE
LONGWOOD, FL 327792634 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: _____ 04/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: URZI, TONY
Address: 955 POINSETTE DR.
City-St-Zip: CHULUOTA, FL 327669336 US

Title: VD () Delete
Name: GUTOWSKI, FRANK
Address: 1014 S MAGEE CREEK CT
City-St-Zip: OVIEDO, FL 327655711 US

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

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

Title: D () Delete
Name: HAMLER, WALTER E
Address: 664 TUSCORIA DR
City-St-Zip: WINTER SPRINGS, FL 32791 US

Title: D () Delete
Name: GAUSZ, ANDREW B
Address: 2519 SWEETWATER TRAIL
City-St-Zip: WINTER PARK, FL 327890916 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BROWN, JOSEPH C JR III
Address: 1554 ERROL PKWY
City-St-Zip: APOPKA, FL 327122112 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 TRES 04/24/2009
Electronic Signature of Signing Officer or Director Date