


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90020 018 ****61.25

DOCUMENT # N25416 1. Entity Name NORTHEAST FLORIDA ASTRONOMICAL SOCIETY INC.					
Principal Place of Business P.O. BOX 5432 JACKSONVILLE, FL 32247-5432			Mailing Address P.O. BOX 5432 JACKSONVILLE, FL 32247-5432		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2558825	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RAMIREZ, MICHAEL 11942 HARMONY DR JACKSONVILLE, FL 32246				7. Name and Address of New Registered Agent Name Charles W. Russell Street Address (P.O. Box Number is Not Acceptable) 1811 Norway Drive City Orange Park FL Zip Code 32003	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ, MICHAEL 11942 HARMONY DR JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Art Russell 1811 Norway Drive Orange Park, FL 32003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURRY, ROGER D 2321 CAMDEN AVE JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Traut O'Connor 3654 Bridgewood Drive Jacksonville, FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARDS, WILLIAM R 5383 VIVERA LANE JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jackie Peacock 5647 Graywood Road Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, MICHAEL 5000 SAN JOSE BLVD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jackie Peacock 5647 Graywood Road Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNIGHTON, DAVID W 7901 BAYMEADOWS CIRCLE EAST #561 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jackie Peacock 5647 Graywood Road Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHTON, DAVID 7901 BAYMEADOWS CIRCLE EAST #561 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jackie Peacock 5647 Graywood Road Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>W.R. Edwards</u> <u>W.R. Edwards</u> <u>2/6/07</u> <u>904-925-8219</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					