

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003771

Entity Name: ASSOCIATION OF SPACEFLIGHT PROFESSIONALS, INC.

FILED
Jan 12, 2017
Secretary of State
CC3059206944

Current Principal Place of Business:

3030 N ROCKY POINT DR.
SUITE 150A
TAMPA, FL 33607

Current Mailing Address:

3030 N ROCKY POINT DR.
SUITE 150A
TAMPA, FL 33607 US

FEI Number: 27-2360828

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
3030 N ROCKY POINT DR.
SUITE 150A
TAMPA, FL 33607 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name SHIRO, BRIAN R
Address P.O. BOX 180261
City-State-Zip: HAWAII NATIONAL PARK HI 96718

Title DIRECTOR
Name GOVRIN, AMNON I
Address 16726 SE 45TH ST
City-State-Zip: ISSAQUAH WA 98027

Title DIRECTOR, COO, VP
Name REIMULLER, JASON
Address 1830 22ND ST. STE. 6
City-State-Zip: BOULDER CO 80302

Title DIRECTOR, CFO, PR OFFICER
Name FREELAND, PETE
Address 4001 INGLEWOOD AVE
#101-237
City-State-Zip: REDONDO BEACH CA 90278

Title PRESIDENT, CEO, DIRECTOR
Name GALLAGHER, MICHAEL BROOKS
Address 10728 82ND AVE. NW
UNIT 409
City-State-Zip: EDMONTON T6E 6P5

Title DIRECTOR
Name CASEY, SEAN
Address SILICON VALLEY SPACE CENTER
3505 EL CAMINO REAL
City-State-Zip: PALO ALTO CA 94306

Title D
Name NICKLES, BLAKE
Address 215 TRAILS END
City-State-Zip: GREENVILLE SC 29607

Title DIRECTOR
Name YI, SOYEON
Address 13204 96TH AVE. CT. E.
City-State-Zip: PUYALLUP WA 98373

Continues on page 2

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: MICHAEL GALLAGHER

DIRECTOR

01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROBERT , HUBBARD III
Address 1215 1ST NE
 #4H
City-State-Zip: WASHINGTON DC 20002