#### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003771

Entity Name: ASSOCIATION OF SPACEFLIGHT PROFESSIONALS, INC.

FILED
Apr 01, 2021
Secretary of State
9185332248CC

### **Current Principal Place of Business:**

7901 4TH ST N, STE 300

ST. PETERSBURG, FL 33702

## **Current Mailing Address:**

7901 4TH ST N, STE 300

ST. PETERSBURG, FL 33702 US

FEI Number: 27-2360828 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 7901 4TH STREET NORTH SUITE 300

ST.PETERSBURG, FL 33702 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 PRESIDENT, CEO, DIRECTOR Title DIRECTOR
Name GALLAGHER, MICHAEL BROOKS Name YI, SOYEON

Address 1280 OCEANWOOD LANE Address 13204 96TH AVE. CT. E. City-State-Zip: VICTORIA BC V8X 0A4 City-State-Zip: PUYALLUP WA 98373

Title DIRECTOR Title DIRECTOR

Name ROBERT , HUBBARD III Name PERSAD, AARON Address 8709 COLONEL SEWARD DR. Address 25 BEACON ST. APT. 19

City-State-Zip: FORT WASHINGTON MD 20744 City-State-Zip: SOMERVILLE MA 02143

Title MEMBERSHIP AND TRAINING OFFICER Title DIRECTOR

Name STEDMAN, CASEY Name GOVRIN, AMNON I

Address 200 COLONIAL LAKE DRIVE Address 16726 SE 45TH ST.

APT. 222 City State 7 in PELL EVILLE MA 088

City-State-Zip: MADISON AL 35758

City-State-Zip: BELLEVUE WA 98006

Title DIRECTOR Title LIFE SCIENCES WORKING GROUP
TEAM LEAD

DIRECTOR TEAM LEAD

COLE, TROY Name PANDYA, SHAWNA

Name COLE, TROY Name PANDYA, SHAWNA
Address 650 AMELIA LN. Address 480 - 52304 RR 233

City-State-Zip: LAFAYETTE CO 80026 City-State-Zip: SHERWOOD PARK AB T8B 1C9

# 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 PRESIDENT AND CEO 04/01/2021

#### Officer/Director Detail Continued:

ENGINEERING AND TECHNOLOGY WORKING Title

**GROUP TEAM LEAD** 

Name WAGHMARE, PRASHANT

Address 10-215 DONADEO INNOVATION CENTRE FOR

**ENGINEERING** 

City-State-Zip: **EDMONTON ALBERTA T6G 1H9** 

Title DIRECTOR

CARMINATI, MARIA-VITTORIA Name 6962 SOUTH IRVINGTON WAY Address

City-State-Zip: AURORA CO 80016

Title **DIRECTOR** 

Name BEHDINAN, KAMRAN 5 KING'S COLLEGE RD. Address

City-State-Zip: TORONTO ONTARIO M5S 3G8

Title **EDUCATION AND OUTREACH OFFICER** 

CLARK, JESKA Name Address 151 E 1ST ST. APT. 222

City-State-Zip: MESA AZ 85201

PHYSICAL SCIENCES WORKING Title

**GROUP TEAM LEAD** 

Name WASSELL, DAVID

2138 LARTER ROAD City-State-Zip: ESTEVAN SASKATCHEWAN S4A 2Y1

Title DIRECTOR

Address

Name FREELAND, PETE

Address P.O. BOX 4713

City-State-Zip: CRESTLINE CA 92325

Title CFO, BUSINESS DEVELOPMENT

**OFFICER** 

Name BRETT, BENNETT

10808 GIRARD CIRCLE S Address City-State-Zip: **BLOOMINGTON MN 55431**