

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003771

Entity Name: ASSOCIATION OF SPACEFLIGHT PROFESSIONALS, INC.

FILED
Mar 27, 2023
Secretary of State
2823509119CC

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 DIRECTOR
Name GALLAGHER, MICHAEL BROOKS
Address 1280 OCEANWOOD LANE
City-State-Zip: VICTORIA V8X 0A4

Title DIRECTOR
Name ROBERT , HUBBARD III
Address 8709 COLONEL SEWARD DR.
City-State-Zip: FORT WASHINGTON MD 20744

Title DIRECTOR
Name PERSAD, AARON
Address 25 BEACON ST.
APT. 19
City-State-Zip: SOMERVILLE MA 02143

Title DIRECTOR
Name GOVRIN, AMNON I
Address 16726 SE 45TH ST.
City-State-Zip: BELLEVUE WA 98006

Title DIRECTOR
Name COLE, TROY
Address 650 AMELIA LN.
City-State-Zip: LAFAYETTE CO 80026

Title ENGINEERING AND TECHNOLOGY
WORKING GROUP TEAM LEAD
Name WAGHMARE, PRASHANT
Address 3404, MINTO CENTRE, CARLETON
UNIVERSITY
1125 COLONEL BY DRIVE
City-State-Zip: OTTAWA ON K1S 5B6

Title PHYSICAL SCIENCES WORKING
GROUP TEAM LEAD
Name WASSELL, DAVID
Address 2138 LARTER ROAD
City-State-Zip: ESTEVAN SASKATCHEWAN S4A 2Y1

Title DIRECTOR
Name CARMINATI, MARIA-VITTORIA
Address 6562 SOUTH IRVINGTON WAY
City-State-Zip: AURORA CO 80016

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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

03/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FREELAND, PETE
Address P.O. BOX 4713
City-State-Zip: CRESTLINE CA 92325

Title MEMBERSHIP OFFICER
Name CLARK, JESKA
Address 151 E 1ST ST.
APT.222
City-State-Zip: MESA AZ 85201

Title CHIEF SCIENCE OFFICER
Name SIAMWALA, JAMILA
Address 1776 BICENTENNIAL WAY
APT. C7
City-State-Zip: PROVIDENCE RI 02911

Title PRESIDENT, CEO, AND CFO
Name BRETT, BENNETT
Address 10808 GIRARD CIRCLE S
City-State-Zip: BLOOMINGTON MN 55431

Title DIRECTOR
Name HOFFMAN, TOM
Address 421 SPARROW DR.
City-State-Zip: SATELLITE BEACH FL 32937