

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002327

Entity Name: CENTER FOR THE ADVANCEMENT OF SCIENCE IN SPACE, INC.**FILED**
Mar 09, 2022
Secretary of State
9109515019CC**Current Principal Place of Business:**SPACE LIFE SCIENCES LABORATORY "SLSL"
505 ODYSSEY PARKWAY
EXPLORATION PARK, FL 32953**Current Mailing Address:**6905 NORTH WICKHAM ROAD
SUITE 500
MELBOURNE, FL 32940 US**FEI Number: 27-5410763****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WIDERMAN MALEK, P.L.
1990 W. NEW HAVEN AVENUE
SECOND FLOOR
MELBOURNE, FL 32904 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: RALPH DYER****03/09/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ALLEN, GALE J. PHD
Address 6905 NORTH WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name CANTWELL, ELIZABETH R. PHD
Address 6905 NORTH WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name ISAACS, ERIC D. PHD
Address 6905 NORTH WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name MIAOULIS, IOANNIS PHD
Address 6905 NORTH WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name MOLONEY, MICHAEL H. PHD
Address 6905 NORTH WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name PAWELCZYK, JAMES A. PHD
Address 6905 NORTH WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name SMITH, STEVEN L. MSEE, MBE
Address 6905 NORTH WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title PRESIDENT
Name LUGO, RAMON
Address 6905 NORTH WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

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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: MELODY KUEHNER**SECRETARY****03/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name HASTINGS, JOSEPH H. CPA
Address 6905 NORTH WICKHAM ROAD
 SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name ABDALATI, WALEED PHD
Address 6905 NORTH WICKHAM ROAD
 SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name SHEETS, JOHN W PHD
Address 6905 NORTH WICKHAM ROAD
 SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title SECRETARY
Name KUEHNER, MELODY B.
Address 6905 NORTH WICKHAM ROAD
 SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name JENNY, MARGARET T
Address 6905 NORTH WICKHAM ROAD
 SUITE 500
City-State-Zip: MELBOURNE FL 32940