

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002327

**Entity Name:** CENTER FOR THE ADVANCEMENT OF SCIENCE IN SPACE, INC.**FILED**  
**Jan 25, 2023**  
**Secretary of State**  
**3775538554CC****Current Principal Place of Business:**505 ODYSSEY WAY  
STE 201  
MERRITT ISLAND, FL 32953-8702**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****01/25/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****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** 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** PRESIDENT  
**Name** LUGO, RAMON  
**Address** 6905 NORTH WICKHAM ROAD  
SUITE 500  
**City-State-Zip:** MELBOURNE FL 32940**Title** TREASURER  
**Name** BOBBITT, JONATHAN CPA  
**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** ABDALATI, WALEED PHD  
**Address** 6905 NORTH WICKHAM ROAD  
SUITE 500  
**City-State-Zip:** MELBOURNE FL 32940**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: MELODY KUEHNER****SECRETARY****01/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name RADZANOWSKI, DAVID P  
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