

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002327

Entity Name: CENTER FOR THE ADVANCEMENT OF SCIENCE IN SPACE, INC.**FILED**
Jan 20, 2015
Secretary of State
CC8445066321**Current Principal Place of Business:**6905 NORTH WICKHAM ROAD
SUITE 500
MELBOURNE, FL 32940**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:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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
Name	JOHNSON, GREG
Address	6905 NORTH WICKHAM ROAD SUITE 500
City-State-Zip:	MELBOURNE FL 32940

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

Title	TREASURER
Name	FERNANDEZ, JORGE
Address	6905 NORTH WICKHAM ROAD SUITE 500
City-State-Zip:	MELBOURNE FL 32940

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

Title	DIRECTOR
Name	DAWSON-HUGHES, BESS
Address	6905 NORTH WICKHAM ROAD SUITE 500
City-State-Zip:	MELBOURNE FL 32940

Title	DIRECTOR
Name	DUNCAN, LEWIS
Address	6905 NORTH WICKHAM ROAD SUITE 500
City-State-Zip:	MELBOURNE FL 32940

Title	DIRECTOR
Name	HOOD, LEROY
Address	6905 NORTH WICKHAM ROAD SUITE 500
City-State-Zip:	MELBOURNE FL 32940

Title	DIRECTOR
Name	RUCKENSTEIN, ANDREI
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: JORGE FERNANDEZ**CFO****01/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VUNJAK-NOVAKOIC, GORDANA
Address 6905 NORTH WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name FORMICHELLI, JOSEPH
Address 6905 NORTH WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name SCHEIN, PHILIP
Address 6905 NORTH WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name ZUCKER, HOWARD
Address 6905 NORTH WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

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

Title DIRECTOR
Name TICKNOR, CAROLYN
Address 6905 NORTH WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940