

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25416

**Entity Name:** NORTHEAST FLORIDA ASTRONOMICAL SOCIETY INC.**Current Principal Place of Business:**5531 JAMES C JOHNSON ROAD  
JACKSONVILLE, FL 32218**Current Mailing Address:**P.O. BOX 5432  
JACKSONVILLE, FL 32247-5432 US**FEI Number:** 59-2558825**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRUEGGEMANN, JOHN C  
5531 JAMES C JOHNSON ROAD  
JACKSONVILLE, FL 32218 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:** JOHN BRUEGGEMANN

01/20/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	JAMES, YVONNE
Address	1430 OLD MIDDLEBURG RD
City-State-Zip:	JACKSONVILLE FL 32210

Title	VP
Name	DOWNING, KATHARYN
Address	2446 STONEBRIDGE DR
City-State-Zip:	ORANGE PARK FL 32065

Title	T
Name	BRUEGGEMANN, JOHN C
Address	5531 JAMES C JOHNSON ROAD
City-State-Zip:	JACKSONVILLE FL 32218

Title	D
Name	REYNOLDS, MICHAEL DR
Address	604 11TH AVENUE NORTH
City-State-Zip:	JACKSONVILLE BEACH FL 32250-4748

Title	S
Name	WILLIAMS, GARY G
Address	5543 COMMUNITY OAKS DR
City-State-Zip:	JACKSONVILLE FL 32207

Title	D
Name	RAMIREZ, MICHAEL
Address	11942 HARMONY DRIVE
City-State-Zip:	JACKSONVILLE FL 32246

*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:** JOHN BRUEGGEMANN**TREASURER**

01/20/2017

Electronic Signature of Signing Officer/Director Detail

Date