2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# 741228

Entity Name: CENTRAL FLORIDA ASTRONOMICAL SOCIETY, INC.

Current Principal Place of Business:

P.O. BOX 917701
LONGWOOD, FL 32791 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 917701
LONGWOOD, FL 32791 US

New Mailing Address:

FEI Number: 59-1820784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOFFBERG, ALAN M
414 TWISTING PINE CIRCLE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SPERL, FRANK
Address: 176 WILLOW CREEK COVE
City-St-Zip: LONGWOOD, FL 32750

Title: VD ( ) Delete
Name: NEAL, STEVEN
Address: 3021 S HORIZON PL
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete
Name: HOFFBERG, ALAN M
Address: 414 TWISTING PINE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JONES, RAY
Address: 1225 NORTHERN WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD (X) Change ( ) Addition
Name: WEEKS, PAT
Address: 744 E. ALPINE ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD (X) Change ( ) Addition
Name: HOFFBERG, ALAN M
Address: 414 TWISTING PINE CIRCLE
City-St-Zip: LONGWOOD, FL 32779 26

Title: D ( ) Change (X) Addition
Name: SPERL, FRANK
Address: 176 WILLOW CREEK COVE
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Change (X) Addition
Name: KRONENWETTER, PAUL
Address: 2830 WILLOW BAY TER.
City-St-Zip: CASSELBERRY, FL 32707 67

Title: SD ( ) Change (X) Addition
Name: FURROW, DAVID
Address: 2101 E ATMORE CIR
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALAN M HOFFBERG T 01/06/2004

Electronic Signature of Signing Officer or Director — Date