


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 746412 (6) 1. Corporation Name ST. PETERSBURG ASTRONOMY CLUB, INC.			
Principal Place of Business 594 59TH ST. S. ST PETERSBURG FL 33707		Mailing Address 594 59TH ST. S. ST PETERSBURG FL 33707-1727	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 03/23/1979		3a. Date of Last Report 04/24/1996	
4. FEI Number 59-2008032		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent SHARON L. BRICKER 594 59TH ST SOUTH ST PETERSBURG FL 33707		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	BRICKER, DANIEL W		
STREET ADDRESS	594 59TH ST S		
CITY - ST - ZIP	ST. PETERSBURG FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	MCNABB, PAUL		
STREET ADDRESS	6220 26TH AVE., N.		
CITY - ST - ZIP	ST. PETERSBURG FL		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	TRIPP, WAYNE		
STREET ADDRESS	2632 BEACH BLVD., S.		
CITY - ST - ZIP	GULFPORT FL		
TITLE	VPD	<input type="checkbox"/> DELETE	
NAME	FARR, DENNIS		
STREET ADDRESS	8811 W BROAD ST		
CITY - ST - ZIP	TAMPA FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	HOFFMAN, CHARLES		
STREET ADDRESS	4106 BARCELONA ST.		
CITY - ST - ZIP	TAMPA FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	DAVIS, MICHAEL		
STREET ADDRESS	3738-B NORTH 140 AVE		
CITY - ST - ZIP	LARGO FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE <i>Daniel W. Bricker</i> DANIEL W. BRICKER 3/19/97 813-343-1594 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050384			

CR2E037 (9/96)