

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90012 007 ****61.25

DOCUMENT # 746412

1. Entity 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2008032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARON L. BRICKER
594 59TH ST SOUTH
ST PETERSBURG FL 33707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TD
BRICKER, DANIEL W
594 59TH ST S
ST. PETERSBURG FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

SD
MCNABB, PAUL
6220 26TH AVE., N.
ST. PETERSBURG FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

VPD
TRIPP, WAYNE
2632 BEACH BLVD S
GULFPORT FL 33707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PD
FARR, DENNIS
19309 EASTBROOK DR.
ODESSA FL 33556

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
~~SAYLOR, DONALD~~
~~354 BOGA CIEGA PT. BLVD~~
~~MADEIRA BEACH FL 33708~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☒ Change ☐ Addition

FARR, ELLEN
19309 EASTBROOK DR.
ODESSA, FL 33556

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
DAVIS, MICHAEL
3738-B NORTH 140 AVE
LARGO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel W. Bricker* - DANIEL W. BRICKER 4/21/08 727-343-1594