

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746412

**FILED**  
**Jan 22, 2010**  
**Secretary of State**

**Entity Name:** ST. PETERSBURG ASTRONOMY CLUB, INC.

**Current Principal Place of Business:**

594 59TH STREET SOUTH  
ST. PETERSBURG, FL 33707 US

**New Principal Place of Business:**

**Current Mailing Address:**

594 59TH STREET SOUTH  
ST. PETERSBURG, FL 33707 US

**New Mailing Address:**

**FEI Number:** 59-2008032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRICKER, SHARON L  
594 59TH STREET SOUTH  
ST. PETERSBURG, FL 33707 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:** TD  
**Name:** BRICKER, DANIEL W  
**Address:** 594 59TH STREET SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33707 US

**Title:** SD  
**Name:** MCNABB, PAUL  
**Address:** 6220 26TH AVENUE NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33709 US

**Title:** VPD  
**Name:** TRIPP, WAYNE  
**Address:** 3835 39TH AVENUE NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33714 US

**Title:** PD  
**Name:** FARR, DENNIS  
**Address:** 19309 EASTBROOK DRIVE  
**City-St-Zip:** ODESSA, FL 33556 US

**Title:** D  
**Name:** FARR, ELLEN  
**Address:** 19309 EASTBROOK DRIVE  
**City-St-Zip:** ODESSA, FL 33556 US

**Title:** D  
**Name:** DAVIS, MICHAEL  
**Address:** 8101 49TH AVENUE NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33709 US

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:** DANIEL BRICKER

TD

01/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date