

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 01, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # 751587**

1. Entity Name  
**SOUTHERN CROSS ASTRONOMICAL SOCIETY, INC.**



Principal Place of Business

**10221 SW 116 AVE  
MIAMI, FL 33176 US**

Mailing Address

**10221 SW 116 AVE  
MIAMI, FL 33176 US**



01302007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0443271**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**YAGER, BARBARA  
10221 SW 116 AVE  
MIAMI, FL 33176**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000617039  
02/07/07-80060-006 61.25**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SHALLOWAY, M.D., LESTER  
STREET ADDRESS 14761 S.W. 144 TERRACE  
CITY-ST-ZIP MIAMI, FL 33196

TITLE TR  
NAME SHALLOWAY, LESTER DR  
STREET ADDRESS 14761 SW 144 TERR  
CITY-ST-ZIP MIAMI, FL 33196

TITLE SD  
NAME YAGER, BARBARA  
STREET ADDRESS 10221 116TH AVE.  
CITY-ST-ZIP MIAMI, FL 33176

TITLE 1VP  
NAME KHAN, TAIMUR  
STREET ADDRESS 6052 S.W. 88 STREET  
CITY-ST-ZIP MIAMI, FL 33156

TITLE 3VP  
NAME SMITH, MICHAEL  
STREET ADDRESS 8120 SW 137 AVE #1219  
CITY-ST-ZIP MIAMI, FL 33186

TITLE 2VP  
NAME STINGONE, NICK  
STREET ADDRESS 29741 S.W 165 AVE.  
CITY-ST-ZIP HOMESTEAD, FL 33033

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Barbara Yager  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/07  
Date

305-273-7291  
Daytime Phone #