


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

05-06-2008 90038 033 ****61.25

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		
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 65-0443271	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YAGER, BARBARA 10221 SW 116 AVE MIAMI, FL 33176			7. Name and Address of New Registered Agent 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: <u>Barbara Yager - BARBARA YAGER, SEC'y.</u> DATE: <u>5/29/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)</small>					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHALLOWAY, M.D., LESTER		NAME		
STREET ADDRESS	14761 S.W. 144 TERRACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33196		CITY - ST - ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHALLOWAY, LESTER DR		NAME		
STREET ADDRESS	14761 SW 144 TERR		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33196		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YAGER, BARBARA		NAME		
STREET ADDRESS	10221 116TH AVE.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33176		CITY - ST - ZIP		
TITLE	1VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KHAN, TAIMUR		NAME		
STREET ADDRESS	6052 S.W. 88 STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33156		CITY - ST - ZIP		
TITLE	3VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, MICHAEL		NAME		
STREET ADDRESS	8120 SW 137 AVE #1219		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33186		CITY - ST - ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STINGONE, NICK		NAME		
STREET ADDRESS	29741 S.W 165 AVE.		STREET ADDRESS		
CITY - ST - ZIP	HOMESTEAD, FL 33033		CITY - ST - ZIP		
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 817, 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: <u>Barbara Yager - BARBARA YAGER</u> DATE: <u>5/29/08</u> PHONE: <u>305-273-7291</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66013925



04232008 Chg-NP CR2E037 (12/06)

ATTACHMENT

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Document Number 751587

Business Entity Name ~~SOUTHERN CROSS ASTRONOMICAL SOCIETY, INC.~~

FEI Number 65 - 0443271

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status ☐ \$8.75 (Optional)Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address 10221 SW 116 AVE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State MIAMI FL

Zip Code & Country 33176 US

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, your mailing address.

☐ Mailing address same as principal address

Address 10221 SW 116 AVE

Suite, Apt. #, etc.

City, State MIAMI FL

Zip Code & Country 33176 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) YAGER BARBARA

- OR -

Business to serve as RA

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66013925
#751587

Street Address in Florida 10221 SW 118 AVE (PO Box not acceptable)
Suite, Apt. #, etc.
City, State MIAMI FL
Zip Code & Country 33176 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Barbara Yager, Sec'y

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title PD
Name (Last, First, Middle, Title) SHALLOWAY, M.D. LESTER
- OR -
Entity Name to serve as Officer/Director

Street Address 14761 S.W. 144 TERRACE
City, State MIAMI FL
Zip Code & Country 33196

Name And Address #2

Title TR
Name (Last, First, Middle, Title) SHALLOWAY LESTER DR
- OR -
Entity Name to serve as Officer/Director

Street Address 14761 SW 144 TERR
City, State MIAMI FL
Zip Code & Country 33196

Name And Address #3

Title

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SD

Name (Last, First, Middle, Title)

YAGER

BARBARA

- OR -

Entity Name to serve as Officer/Director

Barbara Yager

Street Address

10221 116TH AVE.

City, State

MIAMI

FL

Zip Code & Country

33176

Name And Address #4

Title

2VP

Name (Last, First, Middle, Title)

KHAN

TAIMUR

- OR -

Entity Name to serve as Officer/Director

Street Address

2363 NE 42 Circle

City, State

Homestead

FL

Zip Code & Country

33033

Name And Address #5

Title

3VP

Name (Last, First, Middle, Title)

VAN RYN

VICKIE

- OR -

Entity Name to serve as Officer/Director

Street Address

24080 SW 157 Avenue

City, State

Homestead

FL

Zip Code & Country

33031

Name And Address #6

Title

1VP

Name (Last, First, Middle, Title)

STINGONE

NICK

- OR -

Entity Name to serve as Officer/Director

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751587

Street Address

29741 S.W 165 AVE.

City, State

HOMESTEAD

FL

Zip Code & Country

33033

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

SD

Officer/Director Signature

BARBARA YAGER

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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ATTACHMENT



SOUTHERN CROSS ASTRONOMICAL SOCIETY, INC.

MIAMI, FLORIDA

66013925
751587

May 29, 2008

Division of Corporations
P.O.Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern,

Last April I mailed our renewal application with check for \$61.25 from the Southern Cross Astronomical Society, Inc. which included the change of 3rd V. President. Since I missed signing a blank in the form, I sent the corrected renewal to your office last May. Again I recently received a 2nd 'incomplete form' to be signed again in the proper spaces (which had previously been signed) and noticed the 3rd V.P name did not reflect the new name I included in April! Was I sent an old renewal form?

I hope this renewal will have all the corrections and updated 3rd V.P. name change.
Sincerely,

A handwritten signature in black ink that reads 'Barbara Yager'. The signature is written in a cursive, flowing style.

Barbara Yager
SCAS Secretary
Barbyager@aol.com