


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000007144 1. Entity Name BREVARD ASTRONOMICAL SOCIETY, INC.	
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Principal Place of Business 1519 CLEARLAKE ROAD MERRITT ISLAND, FL 32952	Mailing Address P.O. BOX 1084 COCOA, FL 32923
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08182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2531751	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 MANLEY, BILL 230 PRICE CT. SATELLITE BEACH, FL 32937

**DO NOT WRITE
IN THIS SPACE**

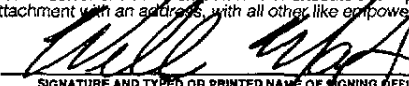
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>	8/18/05 <small>DATE</small>

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DARNELL, KEN 6960 CREPE MYRTLE DR. GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CUPOLI, RICK 4145 LONS LEAF MELBOURNE, FL 32924
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MANLEY, WILLIAM 230 PRICE COURT SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CRAVEN, BRYAN PO BOX 3201 COCOA, FL 329243201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000376776
08/22/05-80001-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	8/18/05 321-951-6457 <small>Date Daytime Phone #</small>