


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90139 013 ****61.25

DOCUMENT # N02000000637					
1. Entity Name SOUTHWEST FLORIDA ASTRONOMICAL SOCIETY, INC.					
Principal Place of Business 13770 SILVERTON LN BOKEELIA, FL 33922			Mailing Address P.O. BOX 100127 CAPE CORAL, FL 33910		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07122006 Chg-NP CR2E037 (4/06)	
4. FEI Number 01-0664503				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAHER, ROBERT 816 S.W. 9TH AVENUE CAPE CORAL, FL 33991			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOLLEN, MOE 13770 SILVERTON LANE BOKEELIA, FL 33922	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOLLEN, MOE 7187 BOCILLA LANE BOKEELIA, FL 33922	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACK, ALICE 400 LENELL RD APT 509 FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NELSON, STEVE 4437 N. PACIFIC CIR NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINDSTROM, ANNIE 4800 SW 29TH AVE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
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