2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachnye

Jul 17, 2006 8:00 am **Secretary of State DOCUMENT # N02000000637** 07-17-2006 90139 013 ****61.25 SOUTHWEST FLORIDA ASTRONOMICAL SOCIETY, INC. Principal Place of Business Mailing Address 13770 SILVERTON LN P.O. BOX 100127 BOKEELIA. FL 33922 CAPE CORAL, FL 33910 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07122006 Chg-NP CR2E037 (4/06) 4. FEI Number 01-0664503 City & State City & State Applied For Not Applicable Zιρ Zipo Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAHER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 816 S.W. 9TH AVENUE CAPE CORAL, FL 33991 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Recuprord Accest providers required when recurrent DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by September 6, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD Delete TITLE TITLE MOLLEN, MOE NAME MALKE STREET ADDRESS 13770 SILVERTON LANE STREET ADDRESS BOKEELIA. FL 33922 CITY_ST_7/P CITY-ST-7IP DANNY SECARY ATTHAN 13121 CORBEL CIR #217 Delete TITLE TITLE Change MOLLEN, MOE NAME STREET ADDRESS 7187 BOCILLA LANE STREET ADDRESS FTMYERS FL 33907 CITY-ST-ZIP BOKEELIA, FL 33922 CITY-ST-ZIP SD Change TITLE ☐ Delete TITLE KAREN NICHOLS MACK, ALICE NAME NAME. GT MYERS, FL 33919 400 LENELL RD APT 509 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH, FL 33931 CITY-ST-ZIP Delete DAN FITZGERALD ■ Addition NELSON, STEVE NAME NAME 121 SW 36th PL CAPECORAL FL 33991 4437 N. PACIFIC CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS, FL 33903 CITY-ST-ZIP VD ☐ Delete TITLE TITLE Change ☐ Addition LINDSTROM. ANNIE NAME STREET ADDRESS 4800 SW 29TH AVE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP Oelete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP OTY-ST-ZIP 12. Thereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied in that I am an officer or director of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if

OFFICER OR OBSECTOR

FILED