

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90016 007 ****70.00

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1. Entity Name

SOUTHWEST FLORIDA ASTRONOMICAL SOCIETY, INC.



Principal Place of Business

22 PINAR CRT
FORT MYERS, FL 33912

Mailing Address

P.O. BOX 100127
CAPE CORAL, FL 33910

DO NOT WRITE IN THIS SPACE



02172008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

01-0664503

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MAHER, ROBERT
816 S.W. 9TH AVENUE
CAPE CORAL, FL 33991

**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 relating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ~~PO~~ **ROBERT FRANCIS, PRESIDENT**
NAME **MOLLEN, MOE**
STREET ADDRESS **22 PINAR COURT**
CITY-ST-ZIP **13770 SILVERTON LANE FORT MYERS, FL 33912**
BOKEELIA, FL 33922

TITLE ~~V~~ **MIKE HARDEN, V. PRESIDENT**
NAME **SECARY, DANNY**
STREET ADDRESS **4527 20TH ST, SW**
CITY-ST-ZIP **13121 CORBEL CIR SUITE 217 LEHIGH ACRES, FL 33971**
FORT MYERS, FL 33907

TITLE **SECRETARY**
NAME **NICHOLS, KAREN**
STREET ADDRESS **14769 CALUSA PALMS, DR.**
CITY-ST-ZIP **9776 BAY HARBOR CR SUITE 102 UNIT #202 FORT MYERS, FL 33919**
FORT MYERS, FL 33919

TITLE ~~T~~ **RAMONA HUDDLESTON, TREASURER**
NAME **FITZGERALD, DAN**
STREET ADDRESS **UNIT #110**
CITY-ST-ZIP **121 SW 36TH PL LEHIGH ACRES, FL 33972**
CAPE CORAL, FL 33991

TITLE ~~VO~~ **NEWSLETTER DIRECTOR**
NAME **HOLMBERG, CAROLE**
STREET ADDRESS **3704 6TH ST WEST**
CITY-ST-ZIP **LEHIGH ACRES, FL 33971**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Ramon Huddleston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.18.2008

Date

Daytime Phone #