

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002984	
1. Entity Name TALLAHASSEE ASTRONOMICAL SOCIETY, INC.	



FILED

07 JAN 24 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2880 CERCY TRACE TALLAHASSEE, FL 32309	Mailing Address 2880 CERCY TRACE TALLAHASSEE, FL 32309
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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

01142007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOCHANOWSKY, GENE 2864 CERCY TRACE TALLAHASSEE, FL 32309

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.

500086457695
01/23/07--01053--003 **\$61.25

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div>VD <input type="checkbox"/> Delete</div> <div>HALEY, JOE 611 COLLINS DR. TALLAHASSEE, FL 32303</div> <div>PD <input type="checkbox"/> Delete</div> <div>SKELLEY, WILLIAM 1340 LANDOVER PL TALLAHASSEE, FL 32317</div> <div>TSD <input type="checkbox"/> Delete</div> <div>PELFREY, JAN 9289 TAFF ROAD TALLAHASSEE, FL 32305</div> <div>VP <input type="checkbox"/> Delete</div> <div>KOCHANOWSKY, GENE 2864 CERCY TRACE TALLAHASSEE, FL 32309</div> <div>TREASURER <input type="checkbox"/> Delete</div> <div>JIM HOLLAND 3127 Sharer Road 32312</div> <div>PRESIDENT <input type="checkbox"/> Delete</div>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div>EDUCATION CHAIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div>OBSERVING CHAIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div>SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div>CLYDE L. HENDERSON 1130 VICTORY GARDEN DR TALLAHASSEE, FL 32301</div> <div>VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> <div>PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div>KEN KOPCEYSKI 1114 Brandt Drive 32304</div>

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: <i>Clyde L. Henderson</i>	Clyde L. Henderson	1/24/07	877 0387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

K. Eckel JAN 24 2007