

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002985

FILED
Apr 27, 2007
Secretary of State

Entity Name: ASSOCIATION FOR YOUNG ASTROLOGERS, INC.

Current Principal Place of Business:

2019 NW 31ST TERR
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

2019 NW 31ST TERR
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 30-0223101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOULD, MICHELLE
2019 NW 31ST TERR
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRS () Delete
Name: KUENZEL, MARK
Address: 1204 LAMONT STREET, APT B
City-St-Zip: WASHINGTON, DC 20010

Title: VP () Delete
Name: GODWIN, MAUREEN
Address: 925 72ND ST
City-St-Zip: BROOKLYN, NY 11228

Title: SD () Delete
Name: ZUREK, NICOLE
Address: 912 HARLEM, APT 1E
City-St-Zip: GLENVIEW, IL 60025

Title: TD () Delete
Name: GOULD, MICHELLE
Address: 2019 NW 31ST TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: GEORGE, DEMETRA
Address: PO BOX 5431
City-St-Zip: EUGENE, OR 97405

Title: D () Delete
Name: CRANE, REBECCA P
Address: 5554 BROADWAY
City-St-Zip: OAKLAND, CA 94618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRS (X) Change () Addition
Name: BRENNAN, CHRIS
Address: 615 WASHINGTON STREET
City-St-Zip: CUMBERLAND, MD 21502

Title: VP (X) Change () Addition
Name: KAHN, KIRK
Address: PO BOX 2452
City-St-Zip: BROOKLYN, NY 10108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE GOULD

MS

04/27/2007

Electronic Signature of Signing Officer or Director

Date