

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N07930

1. Entity Name
SOUTH FLORIDA SCIENCE FICTION SOCIETY, INC.



Principal Place of Business
**P.O. BOX 70143
FORT LAUDERDALE, FL 33307 US**

Mailing Address
**PO BOX 70143
FORT LAUDERDALE, FL 33307 US**



08032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2575665

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PETERSON, GEORGE
202 LAKE POINTE DR
APT 20
FORT LAUDERDALE, FL 33309**

**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

George Peterson
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/3/05
DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PETERSON, GEORGE
202 LAKE POINTE DR APT 20
FORT LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HERZ, MELANIE
2517 MANOR DR NE
PALM BAY, FL 329053142**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CASTRO, JUDI
7670 SW 152ND AVE APT 106
MIAMI, FL 331931131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HERZ, MELANIE
2517 MANOR DR NE
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(f), 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:

Melanie Herz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/05 *321-729-7260*
DATE Daytime Phone #