

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2006 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**



05152006 No Chg-NP CR2E037 (4/06)

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**

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 W. Peterson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

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

000000570105  
07/13/06-80019-002 61.25

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:

*Melanie Herz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/06

Date

321-956-8860

Daytime Phone #