


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N07930 1. Entity Name SOUTH FLORIDA SCIENCE FICTION SOCIETY, INC.	
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Principal Place of Business P.O. BOX 70143 FORT LAUDERDALE, FL 33307 US	Mailing Address PO BOX 70143 FORT LAUDERDALE, FL 33307 US
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2575665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000904361 05/01/08-80009-021 FL25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEGLEIN, CHRIS 4979 SW 94TH AVE COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AIKEN, LAURA 10665 SW 42ND AVE MIAMI, FL 33156
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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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 MELANIE HERZ 4/1/08 321-956-8860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #