

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07930

FILED
Apr 07, 2009
Secretary of State

Entity Name: SOUTH FLORIDA SCIENCE FICTION SOCIETY, INC.

Current Principal Place of Business:

P.O. BOX 70143
FORT LAUDERDALE, FL 33307 US

New Principal Place of Business:

7670 SW 152 AVE
APT 1-106
MIAMI, FL 33193 US

Current Mailing Address:

PO BOX 70143
FORT LAUDERDALE, FL 33307 US

New Mailing Address:

FEI Number: 59-2575665 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CASTRO, JUDI B
7670 SW 152 AVE
APT 1-106
MIAMI, FL 33193 US

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: JUDI B CASTRO

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEGLEIN, CHRIS
Address: 4979 SW 94TH AVE
City-St-Zip: COOPER CITY, FL 33328

Title: SD () Delete
Name: AIKEN, LAURA
Address: 10665 SW 42ND AVE
City-St-Zip: MIAMI, FL 33156

Title: PD () Delete
Name: CASTRO, JUDI
Address: 7670 SW 152ND AVE APT 106
City-St-Zip: MIAMI, FL 331931131

Title: TD () Delete
Name: HERZ, MELANIE
Address: 2517 MANOR DR NE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JUDI B CASTRO

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date