

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90028 024 \*\*\*\*61.25

<b>DOCUMENT # N13767</b> 1. Entity Name <b>THE ASTRONOMICAL SOCIETY OF THE PALM BEACHES, INC.</b>					
Principal Place of Business <b>6221 FLORIDIAN CIRCLE</b> <b>LAKE WORTH, FL 33463 US</b>			Mailing Address <b>PO BOX 19652</b> <b>WEST PALM BEACH, FL 33416 US</b>		
(change) 2. Principal Place of Business - No P.O. Box # <b>941 WOODLAND AVE.</b>			(same) 3. Mailing Address <b>P.O. Box 19652</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>W. PALM BEACH, FL</b>		City & State <b>W. PALM BEACH, FL</b>		4. FEI Number <b>59-2802829</b>	
Zip <b>33415</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KIMBALL, JIM</b> <b>6221 FLORIDIAN CIRCLE</b> <b>LAKE WORTH, FL 33463</b>			7. Name and Address of New Registered Agent Name <b>CHARLES FREDRICKSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>941 WOODLAND AVE.</b> City <b>W. PALM BEACH</b> <b>FL</b> Zip Code <b>33415</b>		
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 <u>Charles A. Fredrickson</u> <b>CHARLES A. FREDRICKSON</b> <u>4/2/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <span style="float: right;">DATE</span>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEHMAN, FRED 2412 TORTUGAS LANE FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIMBALL, JAMES 6221 FLORIDIAN CT. LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODS, JEFF 150 MULLBURY GROVE RD ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODS, JEFF 150 MULLBURY GROVE RD. ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALBERT, JASON 22355 BOYACA AVE BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALBERT, JASON 7923 BROOKSIDE CT. LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIMBALL, JAMES 6221 FLORIDIAN CT LAKE WORTH, FL 33463	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREDRICKSON, CHARLES 941 WOODLAND AVE. W. PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Charles A. Fredrickson</u> <b>Charles A. Fredrickson</b> <u>4/2/07</u> <u>(561) 471-0932</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date Daytime Phone</small></span>					