


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90026 036 ****61.25

DOCUMENT # N13767 1. Entity Name THE ASTRONOMICAL SOCIETY OF THE PALM BEACHES, INC.					
Principal Place of Business 941 WOODLAND AVE WEST PALM BEACH, FL 33415 US			Mailing Address PO BOX 19652 WEST PALM BEACH, FL 33416 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2802829	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FREDRICKSON, CHARLES 941 WOODLAND AVE WEST PALM BEACH, FL 33415				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
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	
Make check payable to Florida Department of State					
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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBERT, JASON 7923 Brookside Ct. Lake Worth, FL 33467
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input 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	VD KIMBALL, JAMES 6221 FLORIDIAN CT. LAKE WORTH, FL 33463
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALBERT, JASON 7923 BROOKSIDE CT. LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREDRICKSON, CHARLES 941 Woodland Ave. West Palm Beach, FL 33415
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIMBALL, JAMES 6221 FLORIDIAN CT LAKE WORTH, FL 33463	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD McCLEAN, JAMES 4176 Vicliiff Rd. West Palm Beach, FL 33406
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREDRICKSON, CHARLES 941 WOODLAND AVE WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD McCLEAN, JAMES 4176 Vicliiff Rd. West Palm Beach, FL 33406
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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> Charles A. Fredrickson 2/5/08 (561) 373-3715					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					