

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25416

FILED  
Feb 19, 2008  
Secretary of State

**Entity Name:** NORTHEAST FLORIDA ASTRONOMICAL SOCIETY INC.

**Current Principal Place of Business:**

P.O. BOX 5432  
JACKSONVILLE, FL 322475432

**New Principal Place of Business:**

5383 VIVERA LANE  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

P.O. BOX 5432  
JACKSONVILLE, FL 322475432

**New Mailing Address:**

**FEI Number:** 59-2558825      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RAMIREZ, MICHAEL  
11942 HARMONY DR  
JACKSONVILLE, FL 32246      US

**Name and Address of New Registered Agent:**

EDWARDS, WILLIAM  
5383 VIVERA LANE  
JACKSONVILLE, FL 32244      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: WILLIAM R. EDWARDS

02/19/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RUSSELL, ART  
Address: 1811 NORWAY DRIVE  
City-St-Zip: ORANGE PARK, FL 32003

Title: VP ( ) Delete  
Name: O'CONNOR, TRAV  
Address: 3654 BRIDGEWOOD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32277

Title: T ( ) Delete  
Name: EDWARDS, WILLIAM R  
Address: 5383 VIVERA LANE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete  
Name: REYNOLDS, MICHAEL  
Address: 5000 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: S ( ) Delete  
Name: PEACOCK, JACKIE  
Address: 5647 GREENWOOD ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: PEACOCK, STEPHEN D  
Address: 5647 GRAYWOOD RD  
City-St-Zip: JACKSONVILLE, FL 32207

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: WILLIAM R. EDWARDS

T

02/19/2008

Electronic Signature of Signing Officer or Director

Date