

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