


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90031 039 ****61.25

DOCUMENT # N95000003370 1. Entity Name EVERGLADES ASTRONOMICAL SOCIETY, INC.					
Principal Place of Business 3705 WEYMOUTH CIRCLE NAPLES, FL 34112 US			Mailing Address P.O. BOX 10406 NAPLES, FL 34101		
2. Principal Place of Business - No P.O. Box # 755 8th Ave. S.		3. Mailing Address Suite, Apt. #, etc.			
City & State Naples, Florida		City & State Suite, Apt. #, etc.		4. FEI Number 59-3435308	
Zip 34102		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD. SUITE 600 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name Michael Usher Street Address (P.O. Box Number is Not Acceptable) Coastland Center Management 1400 Tamiami Trail North City Naples FL Zip Code 34102		
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><i>Michael Usher</i></u> DATE <u>4/24/08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	DP PIPER, RICK 1400 21ST SW STREET NAPLES, FL 34117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL, CHARLES 4421 BAY BEACH LN., #651 FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNELLS, SCOTT 2697 LONGBOAT DRIVE NAPLES, FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STRACKBEIN, TODD 3471 1ST AVENUE NW NAPLES, FL 34120	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD USHER, MICHAEL 1689 NORTHGATE DRIVE NAPLES, FL 34105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUNDELL, JEAN MARIE 3705 WEYMOUTH CIRCLE NAPLES, FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 	<input checked="" 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><i>Jean Marie Mundell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-22-08</u> 239-430-1743 <small>Daytime Phone #</small>		