

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90203 049 *****61.25

DOCUMENT # N99000000382 1. Entity Name ALACHUA ASTRONOMY CLUB, INC.					
Principal Place of Business 3111 N.W. 18TH PLACE GAINESVILLE, FL 32605			Mailing Address P.O. BOX 13744 GAINESVILLE, FL 32604-1744		
2. Principal Place of Business P.O. Box 13744		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gainesville, Florida		City & State			
Zip 32604		Country U.S.A.		4. FEI Number 59-3585074	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOFTUS, DON P TREASUR 14903 NW 29 AVE. GAINESVILLE, FL 32609			7. Name and Address of New Registered Agent Name Loftus, Don P. Vice President Street Address (P.O. Box Number is Not Acceptable) Same City Same FL Zip Code Same		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD BROWARD, CHARLES 616 SE 2 AVE MELROSE, FL 32666	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JENSEN, KAREN 1435 SPIRIT AVE. FT. WHITE, FL 32038	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, MARION 1501 NW 28 ST. GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOFTUS, DONALD P 14903 NW 29 ST. GAINESVILLE, FL 32609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Toomey, Michael 15355 W. Highway 326 Morriston, Florida 32668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Olmsted, Thomas M. 1923 NW 23rd Blvd Gainesville, Florida 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Thomas M. Olmsted</u>		Thomas M. Olmsted		04/27/05 352-226-0622	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	