2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000000382

1. Entity Name
ALACHUA ASTRONOMY CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 13744 GAINESVILLE, FL 32604	P.O. BOX 13744 GAINESVILLE, FL 32604-1744

02032008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3585074

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOFTUS, DON P
14903 NW 29 AVE.
GAINESVILLE, FL 32609

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000000848520
02/14/08-80057-014 61.25

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDR
NAME	HELMS, WILLIAM
STREET ADDRESS	611 NE 542 ST
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	T
NAME	FRIEDBERG, LAWRENCE M
STREET ADDRESS	7257 NW 4TH BLVD.
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	S
NAME	CARTER, TANDY
STREET ADDRESS	104 SW TRUFFLES LANE
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	VPD
NAME	COHEN, HOWARD
STREET ADDRESS	8952 SW 92ND LN
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lawrence M Friedberg LAWRENCE FRIEDBERG TREASURER 2/2/08 954-290-6872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #