

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000382

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: ALACHUA ASTRONOMY CLUB, INC.

## Current Principal Place of Business:

P.O. BOX 13744  
GAINESVILLE, FL 32604

## New Principal Place of Business:

611 NE 542 STREET  
OLD TOWN, FL 32680

## Current Mailing Address:

P.O. BOX 13744  
GAINESVILLE, FL 326041744

## New Mailing Address:

PO BOX 141591  
GAINESVILLE, FL 32614

FEI Number: 59-3585074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

LOFTUS, DON P  
14903 NW 29 AVE.  
GAINESVILLE, FL 32604 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:

01/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PDR ( ) Delete  
Name: HELMS, WILLIAM  
Address: 611 NE 542 ST  
City-St-Zip: OLD TOWN, FL 32680

Title: T ( ) Delete  
Name: FRIEDBERG, LAWRENCE M  
Address: 7257 NW 4TH BLVD.  
City-St-Zip: GAINESVILLE, FL 32607

Title: S ( ) Delete  
Name: CARTER, TANDY  
Address: 104 SW TRUFFLES LANE  
City-St-Zip: LAKE CITY, FL 32024

Title: VPD ( ) Delete  
Name: COHEN, HOWARD  
Address: 8952 SW 92ND LN  
City-St-Zip: GAINESVILLE, FL 32608

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition  
Name: COHEN, HOWARD  
Address: 8952 SW 92ND LN  
City-St-Zip: GAINESVILLE, FL 32608

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: LAWRENCE M FRIEDBERG

T

01/09/2009

Electronic Signature of Signing Officer or Director

Date