2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N05109

1. Entity Name

NATIONAL MANAGEMENT ASSOCIATION, UNITED SPACE ALLIANCE FLORIDA CHAPTER, INC.

FILED
04 OCT -5 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E037 (4/04)

Principal Place of Business	Mailing Address
8550 ASTRONAUT BLVD CAPE CANAVERAL FL 32920 US	8550 ASTRONAUT BLVD CAPE CANAVERAL FL 32920 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 91-1810682 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLAND, CHRIS
UNITED SPACE ALLIANCE
8550 ASTRONAUT BLVD, M/C USK ~~N35~~ T21
CAPE CANAVERAL FL 32920-4304

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE

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

FILE NOW: FEE IS $61.25
Due By September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P BRADLEY, LINDA 8550 ASTRONAUT BLVD., M/C USK-C10 CAPE CANAVERAL FL 32920-4304	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500041816455 10/12/04--01041--006 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRAYSON, AUDREY 8550 ASTRONAUT BLVD., M/C USK-N21 CAPE CANAVERAL FL 32920-4304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HENCIN, JUDY 8550 ASTRONAUT BLVD., M/C USK-T37 CAPE CANAVERAL FL 32920-4304	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILKERSON, JANICE 8550 ASTRONAUT BLVD., M/C USK-O68 CAPE CANAVERAL FL 32920-4304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Jeffrey A. Eberts 8550 Astronaut Blvd., m/c USK-321 Cape Canaveral, FL 32920-4304 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Susan Cart 8550 Astronaut Blvd., m/c USK-338 Cape Canaveral, FL 32920-4304 ☐ Change ☑ 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: Susan J Cart SUSAN CART, SECRETARY 9/20/04 861-2179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #