

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90103 046 ****61.25

0005359

DOCUMENT # N05109

1. Entity Name

**NATIONAL MANAGEMENT ASSOCIATION, UNITED SPACE AL
LIANCE FLORIDA CHAPTER, INC.**



Principal Place of Business

**8550 ASTRONAUT BLVD
CAPE CANAVERAL FL 32920
US**

Mailing Address

**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 **692496052**
91-1810682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KHOURY, KALLIOPE
UNITED SPACE ALLIANCE
8550 ASTRONAUT BLVD, M/C USK-N35
CAPE CANAVERAL FL 32920-4304**

Name **Chris Holland, United Space Alliance**

Street Address (P.O. Box Number is Not Acceptable)
8550 Astronaut Blvd

M/C USK-N35

City **Cape Canaveral**

FL Zip Code **32920-4304**

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 **Chris Holland**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/15/03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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 **D** ☒ Delete
NAME **DAVIS, BARBARA**
STREET ADDRESS **8550 ASTRONAUT BLVD, M/C USK-197**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920-4304**

TITLE **President** ☒ Change ☐ Addition
NAME **Linda Bradley**
STREET ADDRESS **8550 Astronaut Blvd, M/C USK-C10**
CITY-ST-ZIP **Cape Canaveral FL 32920-4304**

TITLE **D** ☒ Delete
NAME **MANDELL, BARNETT**
STREET ADDRESS **8550 ASTRONAUT BLVD, MC USK-306**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Audrey Grayson**
STREET ADDRESS **8550 Astronaut Blvd, M/C USK-N21**
CITY-ST-ZIP **Cape Canaveral FL 32920-4304**

TITLE **D** ☒ Delete
NAME **CLIFTON, THERESA**
STREET ADDRESS **8550 ASTRONAUT BLVD, M/C USK-N94**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920-4304**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Judy Hencin**
STREET ADDRESS **8550 Astronaut Blvd, M/C USK-T37**
CITY-ST-ZIP **Cape Canaveral, FL 32920-4304**

TITLE **D** ☒ Delete
NAME **ROBERTSON, DARRYL**
STREET ADDRESS **8550 ASTRONAUT BLVD, MC USK-613**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Janice Wilkerson**
STREET ADDRESS **8550 Astronaut Blvd, M/C USK-068**
CITY-ST-ZIP **Cape Canaveral, FL 32920-4304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Judy Hencin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/19/2003 (321)264-8114

Date Daytime Phone #

CR2E037 (4/03)