


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N13749					
1. Corporation Name THE ASTRONAUTS MEMORIAL FOUNDATION, INC.					
Principal Place of Business THE CENTER FOR SPACE EDUCATION MAIL COD AMF KENNDY SPACE CENTER FL 32899 US			Mailing Address THE CENTER FOR SPACE EDUCATION MAIL CODE: AMF KENNEDY SPACE CENTER FL 32899 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/06/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2637266	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICHMAN, ARNOLD I 2100 N ATLANTIC AVE APT #901 COCOA BEACH FL 32931				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				Merritt Island FL 32953			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Lee D. Solid, Chairman March 1, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHMAN, ARNOLD I			1.2 NAME	Lee D. Solid		
STREET ADDRESS	2100 N ATLANTIC AVE, #901			1.3 STREET ADDRESS	765 River Oaks Lane		
CITY-ST-ZIP	COCOA BEACH FL			1.4 CITY-ST-ZIP	Merritt Island, FL 32953		
TITLE	VCD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DVC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIRSCHENBAUM, JACK A.			2.2 NAME	Forrest S. McCartney		
STREET ADDRESS	1800 W HIBISCUS BLVD #138			2.3 STREET ADDRESS	504 Eleuthera Lane		
CITY-ST-ZIP	MELBOURNE FL 32902			2.4 CITY-ST-ZIP	Indian Harbour Beach, FL 32937		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, INA A.			3.2 NAME			
STREET ADDRESS	1650 CHAFFEE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32780			3.4 CITY-ST-ZIP			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE SANTIS, JAMES R.			4.2 NAME	Dr. Stephen Feldman		
STREET ADDRESS	ASTRONAUTS MEMORIAL FOUNDATION, M/C AMF			4.3 STREET ADDRESS	Astronauts Memorial Foundation, M/C AMF		
CITY-ST-ZIP	KENNEDY SPACE CENTER FL			4.4 CITY-ST-ZIP	Kennedy Space Center, FL 32899		
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRISSOM, LOWELL D.			5.2 NAME			
STREET ADDRESS	3751 PENNRIDGE DRIVE, SUITE 117			5.3 STREET ADDRESS			
CITY-ST-ZIP	BRIDGETON MO 63044			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen Feldman, President 3/5/99 407-452-2887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)