2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N13749

Entity Name: THE ASTRONAUTS MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

THE CENTER FOR SPACE EDUCATION S.R. 405, BLDG. M6-306 KENNEDY SPACE CENTER, FL 32899

Current Mailing Address:

THE CENTER FOR SPACE EDUCATION MAIL CODE: AMF KENNEDY SPACE CENTER, FL 32899 US

FEI Number: 59-2637266

Name and Address of Current Registered Agent:

ALTMAN, THAD THE CENTER FOR SPACE EDUCATION S.R. 405, BLDG. M6-306 KENNEDY SPACE CENTER, FL 32899 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:	THAD ALTMAN			04/30/2019			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
	IMMEDIATE PAST CHAIRMAN, DIRECTOR	Title	PRESIDENT				
	COLLINS, EILEEN	Name	ALTMAN, THAD				
Address	1150 NORTH LOOP 1604 W SUITE 108, BOX 410	Address	THE CENTER FOR SPACE EDUCATION MAIL CODE: AMF				
City-State-Zip:	SAN ANTONIO TX 78248	City-State-Zip:	KENNEDY SPACE CENTER F	L 32899			
Title	CHAIRMAN	Title	VC				
Name I	KIRSCHENBAUM, JACK	Name	CHAFFEE, SHERYL L				
Address	1795 NASA BLVD	Address	709 YEARLING TRAIL				
City-State-Zip: I	MELBOURNE FL 32901	City-State-Zip:	SEBASTIAN FL 32958				
Title	TREASURER	Title	DIRECTOR				
Name	JOHNSON, GREGORY H	Name	DUFFY, BRIAN				
Address 8	505 ODYSSE WAY	Address	16410 HEATHER BEND CT				
City-State-Zip: I	EXPORATION PARK FL 32953	City-State-Zip:	HOUSTON TX 77059				
Title	DIRECTOR	Title	DIRECTOR				
Name I	FORD, CATHERINE A	Name	FULGHAM, KATHIE S				
Address 3	3308 CALLE DEL MAR	Address	4125 MOUNTAIN CREEK RD				
City-State-Zip:	MELBOURNE FL 32904	City-State-Zip:	CHATTANOOGA TN 37415				

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I hereby 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 all other like empowered.

SIGNATUR	E: THAD ALTMAN	PRESIDENT	04/30/2019
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Apr 30, 2019 Secretary of State 7954523701CC

Certificate of Status Desired: Yes

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR	
Name	GATTLE, BILL	Name	JONES, THOMAS D PHD	
Address	2400 PALM BAY RD NE	Address	2961A HUNTER MILL RD	
City-State-Zip:	M/S 5-22D PAM BAY FL 32905	City-State-Zip:	OAKTON VA 22124	
eny enate Lip:		Title	DIRECTOR	
Title	DIRECTOR	Name	BEAR, BONNIE	
Name	MAYER, JOE	Address	4433 UNIVERSITY BLVD	
Address	INDUSTRY RD NASA CSWY E & A BLDG 1733	City-State-Zip:		
City-State-Zip:	CAPE CANAVERAL AFB FL 32920	Title	DIRECTOR	
Title	DIRECTOR	Name	OLSON, MICHAEL	
Name	LEINBACH, MIKE	Address	1004 MEADOW CREST DRIVE	
Address	PO BOX 292	City-State-Zip:	PELLA IA 50219	
City-State-Zip:	SCOTTSMOOR FL 32775	Title	EXECUTIVE SECRETARY	
Title	DIRECTOR	Name	MATTHEWS, RICK	
Name	WILSON, STEPHANIE D	Address	1776 SOPHIA'S DRIVE	
Address	2101 NASA PARKWAY, MAIL CODE CB	City-State-Zip:	MELBOURNE FL 32940	
City-State-Zip:	HOUSTON TX 77058			
Title	DIRECTOR			
Name	ALLEN, ANDREW			
Address	MAIL CODE TOSC-001			

City-State-Zip: KENNEDY SPACE CENTER FL 32815