

**2021 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**Certificate of Status Desired:** Yes**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

04/07/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name ALTMAN, THAD  
Address THE CENTER FOR SPACE  
EDUCATION  
MAIL CODE: AMF  
City-State-Zip: KENNEDY SPACE CENTER FL 32899

Title CHAIRMAN  
Name CHAFFEE, SHERYL L  
Address 709 YEARLING TRAIL  
City-State-Zip: SEBASTIAN FL 32958

Title DIRECTOR  
Name DUFFY, BRIAN  
Address 16410 HEATHER BEND CT  
City-State-Zip: HOUSTON TX 77059

Title DIRECTOR  
Name FULGHAM, KATHIE S  
Address 4125 MOUNTAIN CREEK RD  
City-State-Zip: CHATTANOOGA TN 37415

Title IMMEDIATE PAST CHAIR  
Name KIRSCHENBAUM, JACK  
Address 1795 NASA BLVD  
City-State-Zip: MELBOURNE FL 32901

Title SECRETARY  
Name JOHNSON, GREGORY H  
Address 505 ODYSSE WAY  
City-State-Zip: EXPORATION PARK FL 32953

Title DIRECTOR  
Name FORD, CATHERINE A  
Address 3308 CALLE DEL MAR  
City-State-Zip: MELBOURNE FL 32904

Title DIRECTOR  
Name GATTLE, BILL  
Address 2400 PALM BAY RD NE  
M/S 5-22D  
City-State-Zip: PAM BAY FL 32905

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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.*

**SIGNATURE:** THAD ALTMAN

CEO

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JONES, THOMAS D PHD  
Address 2961A HUNTER MILL RD  
City-State-Zip: OAKTON VA 22124

Title DIRECTOR  
Name BEAR, BONNIE  
Address 4433 UNIVERSITY BLVD  
City-State-Zip: DALLAS TX 75205

Title TREASURER  
Name OLSON, MICHAEL  
Address 1004 MEADOW CREST DRIVE  
City-State-Zip: PELLA IA 50219

Title EXECUTIVE SECRETARY  
Name MATTHEWS, RICK  
Address 1776 SOPHIA'S DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR  
Name MAYER, JOE  
Address INDUSTRY RD NASA CSWY  
E & A BLDG 1733  
City-State-Zip: CAPE CANAVERAL AFB FL 32920

Title DIRECTOR  
Name LEINBACH, MIKE  
Address PO BOX 292  
City-State-Zip: SCOTTSMOOR FL 32775

Title DIRECTOR  
Name WILSON, STEPHANIE D  
Address 2101 NASA PARKWAY, MAIL CODE CB  
City-State-Zip: HOUSTON TX 77058

Title DIRECTOR  
Name ALLEN, ANDREW  
Address MAIL CODE TOSC-001  
City-State-Zip: KENNEDY SPACE CENTER FL 32815