FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709986

1. Corporation Name

NATIONAL MANAGEMENT ASSOCIATION-ROCKWELL INTER NATIONAL, FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
KENNEDY SPACE CENTER P.O. BOX 21105 KENNEDY SPACE CENTER, FL 32815	KENNEDY SPACE CENTER P.O. BOX 21105 KENNEDY SPACE CENTER, FL 32815

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1965
3a. Date of Last Report: 2/2/94

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt #, etc. (22)
Suite, Apt #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-6196150 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SOLID, LEE
765 RIVER OAKS DR.
MERRITT ISLAND, FL 32953

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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 / NAME / STREET ADDRESS / CITY-ST-ZIP T Renee Bahsoun 2111 Singleton Ave, Mims FL 32754	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP ☐ Change ☐ Addition 800001518138 -08/20/95--01110-012 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D Heink, Bill 685 Timuquana Dr. Merritt Island, Fl	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP S D Corbett, Carol 8500 Rosalind Ave #3 Cape Canaveral, Fl	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP VP Jackie Hoskins 2240 Leaside Ct Merritt Island, Fl 32952	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition non profit 501 c3
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Past-President J. Wilder 3608 Stephen Ct. Titusville, Fl 32780	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition Per Conversation with Renee - 5/24/95
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP President Pam Lyde 115 Escambia Lane #406 Cocoa Beach, Fl	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition RECEIVED FEB 14 1996 TIS 6/14/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an asterisk (*).

SIGNATURE: Lee Renee' Bahsoun Treasurer 5/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #