

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **709986** (4)

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**

3. Date Incorporated or Qualified
11/29/1965

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **BAHSOUN, RENE**
STREET ADDRESS **211 SINGLETON AVE.**
CITY-ST-ZIP **MIMS FL 32754**

1.1 TITLE **T/D** ☒ Change ☐ Addition
1.2 NAME **VICKI SIMS**
1.3 STREET ADDRESS **64 BOGART PLACE**
1.4 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HEINK, BILL**
CITY-ST-ZIP **685 TIMUQUANA DR.**
MERRITT ISLAND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **CORBETT, CAROL**
CITY-ST-ZIP **8500 ROSALIND AVE. #3**
CAPE CANAVERAL FL

3.1 TITLE **S/D** ☒ Change ☐ Addition
3.2 NAME **CATHY RILEY**
3.3 STREET ADDRESS **1529 SCHOOLHOUSE ST.**
3.4 CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE ☐ DELETE
NAME **PP**
STREET ADDRESS **WILDER, J.**
CITY-ST-ZIP **3608 STEPHEN CT.**
TITUSVILLE FL 32780

4.1 TITLE **V/D** ☒ Change ☐ Addition
4.2 NAME **WAN MOSRIE**
4.3 STREET ADDRESS **1485 HOLLY AVENUE**
4.4 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **HOSKINS, JACKIE**
CITY-ST-ZIP **2240 LEASIDE CT.**
TITUSVILLE FL 32780

5.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **LYDE, PAME**
CITY-ST-ZIP **115 ESCAMBIA LANE #406**
COCOA BEACH FL

6.1 TITLE **PAST PRESIDENT** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004730

CR2E037 (3/96)