FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

709986

(4) EING NORTH

orporation Name
BOEING NORTH AMERICAN
NATIONAL MANAGEMENT ASSOCIATION - ROCKWELL-INTER

Mailing Address

NATIONAL MANAGEMENT ASSOCIATION - ROCKWELL INTE NATIONAL, FLORIDA CHAPTER, INC. FILED
May 14 1997 8:00am
Secretary of State



KENNEDY SPACE CENTER P.O. BOX 21105 KENNEDY SPACE CENTER FL 32815		P.O. E	KENNEDY SPACE CENTER P.O. BOX 21105 KENNEDY SPACE CENTER FL 32815-0105			Date Incorporated or Qualified	3a. Date of Last Report
						11/29/1965	06/20/1996
2. Principal Pla	ace of Business	2a. M	ailing Address			4. FEI Number	Applied For
21		26				59-6196150	Not Applicable
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27					Fee Required
City & State		-	City & State			Election Campaign Financing S.00 May Be Trust Sund Coatribution	
23 Zip	Country	28 Zi	n T	Coun	to.	Trust Fund Contribution	Added to Fees
24	25	29	30		This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
J. Name and Address of Current Registered Ag						10. Name and Address of New Registered Agent	
				10	1 Name		
SOLID; L	EE			- -	32 Street /	Address (P.O. Box Number is Not Acceptab	lo)
765 RIVER OAKS DR.					Street Address (F.O. Box Number is Not Acceptable)		
					3		
					4 City		85 Zip Code
							FL
11. Pursuant to office or readent. I ar	o the provisions of Sections 617.05 egistered agent, or both, in the Stat in familiar with, and accept the oblic	02 and 617. e of Florida. gations of, S	1508, Florida Statute Such change was a ection 617.0503, Flor	s, the about horized rida Statu	ove-named by the corp tes.	corporation submits this statement for the population's board of directors. I hereby acceptions	urpose of changing its registered at the appointment as registered
SIGNATURE _							
	Signature typed or printed name of registered ag	***************************************			Agent aignature	required when reinstating)	DATE
12.	OFFICERS AN	VD DIRECTO	DELETE	13.	F	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	SIMS, VICKI		La Pereir	1.2 NAA		VD	TT CLOUNG CT NOTICE
STREET ADDRESS	64 BOGART PLACE			1	EET AODRESS		
CITY - ST - 7/P	MERRITT ISLAND FL			•	-ST-ZIP		
TITLE	D	T-L-11703 F18-T-18-1-1-F18-1-F	DELETE	2.1 TITL		***************************************	Change Addition
NAME	HEINK, BILL			22 NAA	IE	80000219	0938
STREET ADDRESS	685 TIMUQUANA DR.			2.3 STR	EET ADDRESS	-05/27/970101	19023
CITY - ST - ZIP	MERRITT ISLAND FL			2. 4 CIT	Y-ST-ZIP	***81.25	
TITLE	SD		DELETE	3.1 TITU	E	P	Change Addition
NAME	RILEY, CATHY			3.2 NAM	IE	Phillip Koon	
STREET ADDRESS	1529 SCHOOLHOUSE ST.			3.3 STR	EET ADDRESS	13905 Lamont Drive	
CITY-ST-ZIP	MERRITT ISLAND FL			3.4. CIT	Y-ST-ZIP	Orlando, FL 32832	
TITLE	VD		DELETE	4.1 TITL	E .	TD	Change Addition
NAME	MOSRIE, WAN			4. 2 NA	ME	Shaun Heath	
STREET ADDRESS	1485 HOLLY AVE.			4.3 STR	EET ADDRESS	1770 Windover Oaks Ci	
CITY - ST - ZIP	MERRITT ISLAND FL		Tel porce		-ST-ZIP	Titusville, FL 32780	
TITLE	P		DELETE	5.1 TITL		SD	Change Addition
NAME	HOSKINS, JACKIE			5.2 NAM	!	Kenneth Mayer	WW WAY
STREET ADDRESS	2240 LEASIDE CT.				EET ADDRESS	2980 Kelley Street	100 CX
CITY - ST - ZIP TITLE	TITUSVILLE FL		DELETE	***	-ST-ZIP	Titusville, FL 32780	Change
	PP Lyde, pame		EN PELLE	6.1 TITL	i	PP	Farromanda Fivodenon
NAME CTREET ANODECC	115 ESCAMBIA LANE #406			6.2 NAA	i	Alan Seraphine	•
STREET ADDRESS	COCOA BEACH FL				EET ADDRESS	1726 Fig Tree Drive	
CITY - ST - ZIP	COOCIA DENOTI FL			6.4 CITY	-ST-ZIP	Titusville FL 32780	

14. I do 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 all attachment with an address.

SIGNATURE:

(407) 861-4645