

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 709986

(4)

1. Corporation Name

BOEING NORTH AMERICAN

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 32815-0105

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. 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 TD ☐ DELETE
NAME SIMS, VICKI
STREET ADDRESS 84 BOGART PLACE
CITY-ST-ZIP MERRITT ISLAND FL

1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HEINK, BILL
STREET ADDRESS 885 TIMUQUANA DR.
CITY-ST-ZIP MERRITT ISLAND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 800002190938
2.3 STREET ADDRESS -05/27/97--01019--023
2.4 CITY-ST-ZIP ***61.25

TITLE SD ☒ DELETE
NAME RILEY, CATHY
STREET ADDRESS 1529 SCHOOLHOUSE ST.
CITY-ST-ZIP MERRITT ISLAND FL

3.1 TITLE P ☒ Change ☐ Addition
3.2 NAME Phillip Koon
3.3 STREET ADDRESS 13905 Lamont Drive
3.4 CITY-ST-ZIP Orlando, FL 32832

TITLE VD ☒ DELETE
NAME MOSRIE, WAN
STREET ADDRESS 1485 HOLLY AVE.
CITY-ST-ZIP MERRITT ISLAND FL

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME Shaun Heath
4.3 STREET ADDRESS 1770 Windover Oaks Circle
4.4 CITY-ST-ZIP Titusville, FL 32780

TITLE P ☒ DELETE
NAME HOSKINS, JACKIE
STREET ADDRESS 2240 LEASIDE CT.
CITY-ST-ZIP TITUSVILLE FL

5.1 TITLE SD ☒ Change ☐ Addition
5.2 NAME Kenneth Mayer
5.3 STREET ADDRESS 2980 Kelley Street
5.4 CITY-ST-ZIP Titusville, FL 32780

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

6.1 TITLE PP ☒ Change ☐ Addition
6.2 NAME Alan Seraphine
6.3 STREET ADDRESS 1726 Fig Tree Drive
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 an attachment with an address.

CP2E037 (9/96)