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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709986

1. Corporation Name
THE BOEING SPACE COAST CHAPTER OF THE NATIONAL M ANAGEMENT ASSOCIATION, 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

2. Principal Place of Business	2a. Mailing Address
21 Kennedy Space Center	26 Kennedy Space Center
Suite, Apt. #, etc. 22 P.O. Box 21014	Suite, Apt. #, etc. 27 P.O. Box 21014
City & State 23 Kennedy Space Center FL	City & State 28 Kennedy Space Center FL
Zip 24 32815 Country 25	Zip 29 32815 Country 30

3. Date Incorporated or Qualified: 11/29/1965

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

9. Name and Address of Current Registered Agent

KELLER, CHRIS
555 FILMORE AVENUE, #205
CAPE CANAVERAL FL 32920

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 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 _____ 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	TD	☒ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	SIMS, VICKI		1.2 NAME	President Chris Keller	
STREET ADDRESS	64 BOGART PLACE		1.3 STREET ADDRESS	555 FILLMORE AVE #205	
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	Cape Canaveral FL 32920	
TITLE	D	☒ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	HEINK, BILL		2.2 NAME	VICE-PRESIDENT MARY WALSH	
STREET ADDRESS	685 TIMUQUANA DR.		2.3 STREET ADDRESS	4291 Pinds Dr	
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP	Cocoa FL 32927	
TITLE	P	☒ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	KOON, PHILLIP		3.2 NAME	TREASURER JEFFREY BARBOUR	
STREET ADDRESS	13905 LAMONT DRIVE		3.3 STREET ADDRESS	2564 DEMAREST DR	
CITY-ST-ZIP	ORLANDO FL 32832		3.4 CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	TD	☒ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	HEATH, SHAUN		4.2 NAME	Secretary JAN BUKER	
STREET ADDRESS	1770 WINDOVER OAKS CIRCLE		4.3 STREET ADDRESS	3007 Sir Hamilton Cir	
CITY-ST-ZIP	TITUSVILLE FL 32780		4.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	SD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MAYER, KENNETH		5.2 NAME		
STREET ADDRESS	2980 KELLEY STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		5.4 CITY-ST-ZIP		
TITLE	PP	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SERAPHINE, ALAN		6.2 NAME		
STREET ADDRESS	1726 FIG TREE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Jeffrey W. Barbour 1/21/99 407-867-2598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #