

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 709986**

1. Entity Name

**THE BOEING SPACE COAST CHAPTER OF THE NATIONAL M**

Principal Place of Business

Mailing Address

KENNEDY SPACE CENTER  
P.O. BOX 21014  
KENNEDY SPACE CENTER FL 32815KENNEDY SPACE CENTER  
P.O. BOX 21014  
KENNEDY SPACE CENTER FL 32815-0014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-6196150

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLER, CHRIS  
555 FILMORE AVENUE, #205  
CAPE CANAVERAL FL 32920Name MARY WALSH  
Street Address (P.O. Box Number is Not Acceptable)  
4291 PONDS DR  
COCOA FL  
City FL Zip Code 32927

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Mary Walsh  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE January 19, 2000**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete  
NAME KELLER, CHRIS  
STREET ADDRESS 555 FILMORE AVENUE #205  
CITY-ST-ZIP CAPE CANAVERAL FL 32920TITLE D ☒ Change ☐ Addition  
NAME Mary Walsh  
STREET ADDRESS 4291 Ponds Dr.  
CITY-ST-ZIP Cocoa, FL 32927TITLE DVP ☐ Delete  
NAME WALSH, MARY  
STREET ADDRESS 4291 PONDS DRIVE  
CITY-ST-ZIP COCOA FL 32927TITLE D ☒ Change ☐ Addition  
NAME Vice President  
STREET ADDRESS Kenneth Smith  
CITY-ST-ZIP 1734 South Park Ave.  
Titusville, FL 32780TITLE TD ☐ Delete  
NAME BARBOUR, JEFFREY  
STREET ADDRESS 2584 DEMARET DRIVE  
CITY-ST-ZIP TITUSVILLE FL 32780TITLE D ☐ Change ☐ Addition  
NAME Secretary  
STREET ADDRESS Doria Sharp  
CITY-ST-ZIP 2505 Marlowe Place  
Cocoa, FL 32926TITLE DS ☐ Delete  
NAME BUKER, JAN  
STREET ADDRESS 3007 SIR HAMILTON CIRCLE  
CITY-ST-ZIP TITUSVILLE FL 32780TITLE D ☐ Change ☐ Addition  
NAME Secretary  
STREET ADDRESS Doria Sharp  
CITY-ST-ZIP 2505 Marlowe Place  
Cocoa, FL 32926TITLE TS ☐ Delete  
NAME TS  
STREET ADDRESS TS  
CITY-ST-ZIP TSTITLE TS ☐ Change ☐ Addition  
NAME TS  
STREET ADDRESS TS  
CITY-ST-ZIP TSTITLE TS ☐ Delete  
NAME TS  
STREET ADDRESS TS  
CITY-ST-ZIP TSTITLE TS ☐ Change ☐ Addition  
NAME TS  
STREET ADDRESS TS  
CITY-ST-ZIP TS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000

Date

407 8672598

Daytime Phone

CR2E037 (9/99)