


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90053 032 ****61.25

DOCUMENT # 711737					
1. Entity Name MISSILE, SPACE AND RANGE PIONEERS, INC.					
Principal Place of Business PO BOX 254034 PATRICK AFB, FL 32925 US			Mailing Address PO BOX 254034 PATRICK AFB, FL 32925 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ELLIS, STEPHEN A 535 DELANNOY AVENUE COCOA, FL 32922				Name WATKINS, FRANK	
				Street Address (P.O. Box Number is Not Acceptable)	
				742 SPRING LAKE DRIVE	
				City MELBOURNE FL Zip Code 32940	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Frank Watkins</i> FRANK WATKINS				DATE 2/19/2008	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHLMAN, CHARLES			NAME	
STREET ADDRESS	875 LOGGERHEAD DR.			STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH, FL			CITY-ST-ZIP	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	TO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, JERRY M			NAME	BANCROFT, WILLIAM P.
STREET ADDRESS	533 AMHURST CIRCLE WEST			STREET ADDRESS	4195 SAVANNAH TRAIL
CITY-ST-ZIP	SATELLITE BEACH, FL 32903			CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	VD	<input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLID, LEED			NAME	
STREET ADDRESS	765 RIVER OAKS LN			STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, FRANK			NAME	
STREET ADDRESS	742 SPRING LAKE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32940			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JAMES			NAME	
STREET ADDRESS	249 SYKES POINT LANE			STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESTERMAN, JOHN W JR			NAME	
STREET ADDRESS	9012 H WEDGEWOOD PL			STREET ADDRESS	
CITY-ST-ZIP	WEST MELBOURNE, FL 32953			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>W.P. Bancroft</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 2/19/2008 Date	
				DAYTIME PHONE # 321-454-7719 Daytime Phone #	