


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90061 047 ****61.25

DOCUMENT # F04000003800

1. Entity Name
UNITED STATES SPACE FOUNDATION (COLORADO), INC.



Principal Place of Business
**707 MULLET DRIVE, SUITE 201
 PORT CANAVERAL, FL 32920**

Mailing Address
**310 S 14TH STREET
 COLORADO SPRINGS, CO 80904**

40110954



2. Principal Place of Business - No P.O. Box #
1980 North Atlantic Ave

Suite, Apt. #, etc.
Suite 812

City & State
Cocoa Beach FL

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

07092008 Chg-NP CR2E037 (12/06)

4. FEI Number
31-1653556

Applied For
 Not Applicable

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

Zip Country Zip Country
32931

6. Name and Address of Current Registered Agent

**CLARK, REGALIND
 707 MULLET DRIVE, SUITE 201
 PORT CANAVERAL, FL 32920**

7. Name and Address of New Registered Agent

Name **Rosalind Clark**

Street Address (P.O. Box Number is Not Acceptable)
1980 North Atlantic Avenue

Suite 812

City **Cocoa 812** **FL** Zip Code **32931**

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 **Rosalind Clark**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	ROBERTS, HOLLY	
STREET ADDRESS	310 S 14TH ST	
CITY-ST-ZIP	COLORADO SPRINGS, CO 80904	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	THE HONORABLE ROBERT S. WALKER	
STREET ADDRESS	1317 F STREET, NW, SUITE 600	
CITY-ST-ZIP	WASHINGTON, DC 20004	
TITLE	VC	<input type="checkbox"/> Delete
NAME	MOORMAN, GENERAL THOMAS S JR	
STREET ADDRESS	8283 GREENSBORO DRIVE	
CITY-ST-ZIP	MCLEAN, VA 22102	
TITLE	T	<input type="checkbox"/> Delete
NAME	PULHAM, ELLIOT	
STREET ADDRESS	310 S. 14TH ST.	
CITY-ST-ZIP	COLORADO SPRINGS, CO 80904	
TITLE	S	<input type="checkbox"/> Delete
NAME	BALLHAUS, WILLIAM F DR., JR	
STREET ADDRESS	2350 EAST EL SEGUNDO BLVD	
CITY-ST-ZIP	EL SEGUNDO, CA 902452934	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIMKAS, CHUCK	
STREET ADDRESS	310 S. 14TH ST.	
CITY-ST-ZIP	COLORADO SPRINGS, CO 80904	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Holly S. Roberts** **7/9/08** **(719) 576-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #