

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90058 043 ****61.25

DOCUMENT # N00000000706

1. Entity Name
FLORIDA SPACE RESEARCH INSTITUTE, INC.



Principal Place of Business
**MAIL STOP:FSRI
BLDG. M6-306, ROOM 9030
KENNEDY SPACE CENTER, FL 32899**

Mailing Address
**MAIL STOP:FSRI
BLDG. M6-306, ROOM 9030
KENNEDY SPACE CENTER, FL 32899**

50005158



01142005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3692513

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DURRANCE, SAMUEL T PHD
FLORIDA SPACE RESEARCH INSTITUTE, INC.
MAIL STOP:FSRI, BLDG. M6-306, ROOM 9030
KENNEDY SPACE CENTER, FL 32899**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Samuel T. Durrance, PhD
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 May 1, 2005**

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 CD ☐ Delete
NAME KRANS, FRANK
STREET ADDRESS COLEMAN AEROSPACE, 7675 MUNICIPAL DR.
CITY-ST-ZIP ORLANDO, FL 32819

TITLE VCD ☐ Delete
NAME HASKINS, PENNY
STREET ADDRESS P.O. BOX 459, 13101 RACHAEL BLVD.
CITY-ST-ZIP ALACHUA, FL 326160459

TITLE STD ☐ Delete
NAME KETCHAM, DALE
STREET ADDRESS 390 N ORANGE AVE STE 1300
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D ☐ Delete
NAME FATIG, MICHAEL
STREET ADDRESS HONEYWELL 13350 US 19N-MS146-1
CITY-ST-ZIP CLEARWATER, FL 34624

TITLE D ☐ Delete
NAME BROWN, KEVIN
STREET ADDRESS BAN, 6767 N WICKHAM RD
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE D ☐ Delete
NAME COOPER, SHELLEY
STREET ADDRESS UNITED SPACE ALLIANCE, 8550 ASTRONAUT BLVD
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☒ Change ☐ Addition
NAME Gardner, Winston
STREET ADDRESS TLC Engineering
CITY-ST-ZIP 1717 South Orange Ave, Suite 300
Orlando, FL 32806-2953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Samuel T. Durrance, PhD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #