

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90150 018 ****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**

40026953



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202006 Chg-NP CR2E037 (11/05)

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

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, 2006**

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
Haskins, Penny
P.O. Box 459
Alachua, FL 32616** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
Moyer, Jerry
Mail Code: 310-3
Kennedy Space Center, FL 32899** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Krans, Frank
7675 Municipal Dr.
Orlando, FL 32819** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Parsley, Randy
MS: 711-03, P.O. Box 109600
West Palm Beach, FL 33410** ☐ Change ☒ Addition

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

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

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:

Samuel T. Durran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #