

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02256 (8)

1. Corporation Name

THE FLORIDA CHAPTER OF THE MCDONNELL DOUGLAS MANAGEMENT ASSOCIATION, INC.



Principal Place of Business

**O & C BUILDING
FIRST ST SE & D AVE SE
KENNEDY SPACE CENTER FL 32815**

Mailing Address

**P.O. BOX 21014
KENNEDY SPACE CENTER FL 32815**

3. Date Incorporated or Qualified

03/28/1984

3a. Date of Last Report

09/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

95-6050244

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CULBERSON, ARTHUR L.
SPACE STATION PROCESSING FACILITY
ROOM 2216, FIRST ST SE & E AVE SE
KENNEDY SPACE CENTER FL 32815**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	PP	<input checked="" type="checkbox"/> DELETE
NAME	CULBERSON, ART	
STREET ADDRESS	FIRST ST SE & D AVE SE	
CITY-ST-ZIP	KENNEDY SPACE CENTER FL 32815	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERRIS, TIM	
STREET ADDRESS	FIRST ST SE & D AVE SE	
CITY-ST-ZIP	KENNEDY SPACE CENTER FL 32815	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EDSON, TED	
STREET ADDRESS	FIRST ST E & E AVE SE	
CITY-ST-ZIP	KENNEDY SPACE CENTER FL 32815	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAWSON, SAM	
STREET ADDRESS	FIRST ST E & E AVE SE	
CITY-ST-ZIP	KENNEDY SPACE CENTER FL 32815	
TITLE	P	<input type="checkbox"/> DELETE
NAME	OGDEN, ROSE	
STREET ADDRESS	P.O. BOX 21014 N/A	
CITY-ST-ZIP	KENNEDY SPACE CENTER FL 32815	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	OTERO, DAVID	
STREET ADDRESS	FIRST ST SE & E AVE SE	
CITY-ST-ZIP	KENNEDY SPACE CENTER FL 32815	

11 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Goodison, Patricia J.	
13 STREET ADDRESS	Bldg. M7-355, 1st St. SE	
14 CITY-ST-ZIP	Kennedy Space Center, FL 32815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	T	
22 NAME	McVerry, Mayda C.	
23 STREET ADDRESS	Bldg. M7-355, 1st St. SE	
24 CITY-ST-ZIP	Kennedy Space Center, FL 32815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Nichols, Jack L.	
33 STREET ADDRESS	Bldg. M7-360, 1st St. SE	
34 CITY-ST-ZIP	Kennedy Space Center, FL 32815	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Elbon III, John W.	
43 STREET ADDRESS	Bldg. M7-355, 1st St. SE	
44 CITY-ST-ZIP	Kennedy Space Center, FL 32815	
51 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	Bldg. M6-698, 3rd St. SE	
54 CITY-ST-ZIP		
61 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	Bldg. M7-360, 1st St. SE	
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Otero, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

Date

(407)867-5845

Daytime Phone #

CR2E037 (12/95)