

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:05

DOCUMENT # N04251

(7)

1. Corporation Name

MERCURY SEVEN FOUNDATION, INC.

Principal Place of Business

6225 VECTOR SPACE BLVD.
TITUSVILLE FL 32780
US

Mailing Address

13351 STATE RD 535
ORLANDO FL 32821-6229
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/19/1984 3a. Date of Last Report 03/03/1994

4. FEI Number 59-2448775 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CASSARA, MICHAEL D JR
13351 STATE RD 535
ORLANDO FL 32821

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE	PD
NAME	SHEPARD, ADMIRAL ALAN
STREET ADDRESS	3344 CHEVY CHASE
CITY-ST-ZIP	HOUSTON TX
TITLE	D
NAME	LANDWIRTH, HENRI
STREET ADDRESS	13351 STATE RD 535
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	GLENN, SENATOR JOHN
STREET ADDRESS	8710 BELMART RD
CITY-ST-ZIP	POTOMAC MD
TITLE	ST
NAME	CASSARA, MICHAEL D
STREET ADDRESS	13351 STATE RD 535
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	GRISSOM, MRS. BETTY
STREET ADDRESS	7513 OLYMPIA
CITY-ST-ZIP	HOUSTON TX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	P.O. Box 63 NA
1.4 CITY-ST-ZIP	PEBBLE BEACH, CA. 93953-0063
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL D. CASSARA JR 1/18/95 407-239-4500

Date

Daytime Phone #