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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N04251 (7)

1. Corporation Name

ASTRONAUT SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business	Mailing Address
6225 VECTOR SPACE BLVD. TITUSVILLE FL 32780 US	13351 STATE RD 535 ORLANDO FL 32821-6229 US

3. Date Incorporated or Qualified: 07/19/1984

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 13513 BUCK HORN RUN CT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: ORLANDO FL 32837
24 Zip / 25 Country	29 Zip / 30 Country: ORANGE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	PRESIDENT & CHAIRMAN OF BOARD	☒ Change ☐ Addition
NAME	LOVELL, JAMES A		1.2 NAME		
STREET ADDRESS	1090 TURICUM RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE FORREST IL 60045		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LANDWIRTH, HENRI		2.2 NAME		
STREET ADDRESS	13351 STATE RD 535		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GLENN, SENATOR JOHN		3.2 NAME		
STREET ADDRESS	8710 BELMART RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	POTOMAC MD		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CASSARA, MICHAEL D		4.2 NAME		
STREET ADDRESS	13351 STATE RD 535		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRISSOM, MRS. BETTY		5.2 NAME		
STREET ADDRESS	7513 OLYMPIA		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	SHEPARD, ALAN		6.2 NAME		
STREET ADDRESS	P.O. BOX 63		6.3 STREET ADDRESS	13513 BUCKHORN RUN CT	
CITY-ST-ZIP	PEBBLE BEACH CA		6.4 CITY-ST-ZIP	ORLANDO, FL 32837	

CR2E037 (10/97)

14. 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 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: Michael D Cassara Sec/Treasurer 3/18/98 407-855-1717