2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N04251

1. Entity Name
ASTRONAUT SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business	Mailing Address
6225 VECTOR SPACE BLVD. TITUSVILLE, FL 32780 US	13513 BUCKHORN RUN COURT ORLANDO, FL 32837 US

07012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2448775
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASSARA, MICHAEL D JR
13513 BUCKHORN RUN CT
ORLANDO, FL 32837

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

Filing Fee is $61.25
Due by September 5, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	GARRIOTT, OWEN
STREET ADDRESS	6225 VECTORSPACE BLVD.
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	VC
NAME	CRIPPEN, ROBERT
STREET ADDRESS	6225 VECTORSPACE BLVD.
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	ED
NAME	BENEDICT, HOWARD
STREET ADDRESS	6225 VECTORSPACE BLVD.
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	ST
NAME	CASSARA, MICHAEL D., JR.
STREET ADDRESS	6225 VECTOR SPACE BLVD.
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	CARPENTER, SCOTT
STREET ADDRESS	6225 VECTOR SPACE BLVD.
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	GLENN, JOHN
STREET ADDRESS	6225 VECTOR SPACE BLVD.
CITY-ST-ZIP	TITUSVILLE, FL 32780

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07/07/04-80026-001 61.25

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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: Michael D Cassara Secretary 6/30/04 407-387-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #