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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthak Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05109** (6)
1. Corporation Name
THE NATIONAL MANAGEMENT ASSOCIATION, LOCKHEED SP ACE OPERATIONS CHAPTER, INC.

Principal Place of Business 1100 LOCKHEED WAY TITUSVILLE FL 32780	Mailing Address 1100 LOCKHEED WAY TITUSVILLE FL 32780
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3. Date Incorporated or Qualified
09/12/1984

4. FEI Number 50-2496052	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21 8550 Astronaut Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 8550 Astronaut Blvd. Suite, Apt. #, etc.
22 City & State 23 Cape Canaveral, FL	27 City & State 28 Cape Canaveral, FL
24 Zip 32920	25 Country USA
29 Zip 32920	30 Country USA

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

9. Name and Address of Current Registered Agent
**KHOURY, KALLIOPE
UNITED SPACE ALLIANCE
1100 LOCKHEED WAY
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

81 Name Kalliope Khoury - United Space Alliance
82 Street Address (P.O. Box Number is Not Acceptable) 1102 USA Blvd.
83
84 City Titusville
85 Zip Code FL 32780

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: *Kalliope Khoury* **KALLIOPE KHOURY** **2/9/98** DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VD	<input checked="" type="checkbox"/>
NAME	HERRING, CONNA CM	
STREET ADDRESS	29 COUNTRY CLUB ROAD	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	KIZIS, MARY	
STREET ADDRESS	219 ROCKLEDGE DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	SUSANECK, MORRIS	
STREET ADDRESS	8550 ASTRONAUT BLVD, M/C USK-235	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	A	<input checked="" type="checkbox"/>
NAME	WALKER, SYLVIA	
STREET ADDRESS	1422 ROGER STREET	
CITY-ST-ZIP	COCOA FL	
TITLE	T	<input checked="" type="checkbox"/>
NAME	CORSON, PHYLLIS	
STREET ADDRESS	1875 NEPTUNE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	JAMBA, JACK	
STREET ADDRESS	4 JULY COURT	
CITY-ST-ZIP	SATELLITE BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	PECK, LARRY		
1.3 STREET ADDRESS	8550 Astronaut Blvd., MC USK-235		
1.4 CITY-ST-ZIP	Cape Canaveral, FL 32920-4304		
2.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	SUSANECK, MORRIS		
2.3 STREET ADDRESS	8550 Astronaut Blvd, MC USK-284		
2.4 CITY-ST-ZIP	Cape Canaveral, FL 32920-4304		
3.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	RILEY, CATHY		
3.3 STREET ADDRESS	8550 Astronaut Blvd, MC USK-360		
3.4 CITY-ST-ZIP	Cape Canaveral, FL 32920-4304		
4.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	STEVENS, ALFRED		
4.3 STREET ADDRESS	8550 Astronaut Blvd, MC USK-291		
4.4 CITY-ST-ZIP	Cape Canaveral, FL 32920-4304		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *A. M. Johnson* **A. M. Johnson, Treasurer** **2/17/98** **407-86-0745**

CP2E037 (10/97)