# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N05109

1. Entity Name
UNITED SPACE ALLIANCE LEADERSHIP ASSOCIATION (USALA), CHAPTER 830, INC.

Principal Place of Business
8550 ASTRONAUT BLVD
CAPE CANAVERAL, FL 32920 US

Mailing Address
8550 ASTRONAUT BLVD
CAPE CANAVERAL, FL 32920 US

01142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 91-1810682 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLAND, CHRIS
UNITED SPACE ALLIANCE
8550 ASTRONAUT BLVD, M/C USK-T21
CAPE CANAVERAL, FL 32920-4304

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is $61.25**
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | VD |
| NAME | EBERTS, JEFFREY A |
| STREET ADDRESS | 8550 ASTRONAUT BLVD, M/C USK-321 |
| CITY-ST-ZIP | CAPE CANAVERAL, FL 329204304 |
| TITLE | PD |
| NAME | GRAYSON, AUDREY |
| STREET ADDRESS | 8550 ASTRONAUT BLVD., M/C USK-N21 |
| CITY-ST-ZIP | CAPE CANAVERAL, FL 329204304 |
| TITLE | SD |
| NAME | CART, SUSAN |
| STREET ADDRESS | 8550 ASTRONAUT BLVD, M/C USK-338 |
| CITY-ST-ZIP | CAPE CANAVERAL, FL 32920 |
| TITLE | TD |
| NAME | WILKERSON, JANICE |
| STREET ADDRESS | 8550 ASTRONAUT BLVD., M/C USK-O68 |
| CITY-ST-ZIP | CAPE CANAVERAL, FL 329204304 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/25/05-80108-019 61.25

**DO NOT WRITE IN THIS SPACE**

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:** Audrey E. Grayson — 1/18/05 — 321-799-6228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #