

**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
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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 _____ 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 May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD EBERTS, JEFFREY A 8550 ASTRONAUT BLVD, M/C USK-321 CAPE CANAVERAL, FL 329204304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAYSON, AUDREY 8550 ASTRONAUT BLVD., M/C USK-N21 CAPE CANAVERAL, FL 329204304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CART, SUSAN 8550 ASTRONAUT BLVD, M/C USK-338 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WILKERSON, JANICE 8550 ASTRONAUT BLVD., M/C USK-068 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)(j), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05 321-799-6228
Date Daytime Phone #