

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90232 005 ****61.25

60001946



01112006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	EBERTS, JEFFREY A	
STREET ADDRESS	8550 ASTRONAUT BLVD, M/C USK-321	
CITY-ST-ZIP	CAPE CANAVERAL, FL 329204304	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRAYSON, AUDREY	
STREET ADDRESS	8550 ASTRONAUT BLVD., M/C USK-N21	
CITY-ST-ZIP	CAPE CANAVERAL, FL 329204304	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CART, SUSAN	
STREET ADDRESS	8550 ASTRONAUT BLVD, M/C USK-338	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILKERSON, JANICE	
STREET ADDRESS	8550 ASTRONAUT BLVD., M/C USK-068	
CITY-ST-ZIP	CAPE CANAVERAL, FL 329204304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELINDA M. HESTER	
STREET ADDRESS	8550 ASTRONAUT BLVD., M/C USK-163	
CITY-ST-ZIP	CAPE CANAVERAL, FL 329204304	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY W. ROWAN	
STREET ADDRESS	8550 ASTRONAUT BLVD., M/C USK-163	
CITY-ST-ZIP	CAPE CANAVERAL, FL 329204304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janice S. Wilkerson, CM *Janice S. Wilkerson, CM* *1/12/06* *321-861-2392*