

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05109

FILED
Jul 16, 2008
Secretary of State

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

Current Principal Place of Business:

8550 ASTRONAUT BLVD
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

8550 ASTRONAUT BLVD
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 91-1810682 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLLAND, CHRIS
UNITED SPACE ALLIANCE
8550 ASTRONAUT BLVD, M/C USK-T21
CAPE CANAVERAL, FL 329204304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PECK, ALIX T
Address: 8550 ASTRONAUT BLVD, USK-C52
City-St-Zip: CAPE CANAVERAL, FL 329204304 US

Title: V () Delete
Name: HARRINGTON, KEVIN T
Address: 8550 ASTRONAUT BLVD, USK-C52
City-St-Zip: CAPE CANAVERAL, FL 329204304 US

Title: S () Delete
Name: SWEETMAN, KIMBERLY A
Address: 8550 ASTRONAUT BLVD, USK-837
City-St-Zip: CAPE CANAVERAL, FL 329204304 US

Title: T () Delete
Name: RUSSELL, SHARON L
Address: 8550 ASTRONAUT BLVD, USK-182
City-St-Zip: CAPE CANAVERAL, FL 329204304 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: POLNIAK, RAY G
Address: 8550 ASTRONAUT BLVD, USK-714
City-St-Zip: CAPE CANAVERAL, FL 329204304 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON L. RUSSELL

T

07/16/2008

Electronic Signature of Signing Officer or Director

_____ Date