

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90057 041 ****61.25

DOCUMENT # N13749
 1. Entity Name
THE ASTRONAUTS MEMORIAL FOUNDATION, INC.



Principal Place of Business
THE CENTER FOR SPACE EDUCATION
MAIL COD AMF
KENNEDY SPACE CENTER, FL 32899 US

Mailing Address
THE CENTER FOR SPACE EDUCATION
MAIL CODE: AMF
KENNEDY SPACE CENTER, FL 32899 US

40013011



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01132005 Chg-NP CR2E037 (10/03)

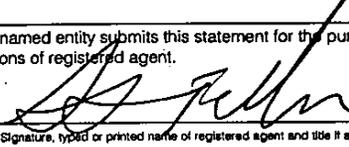
4. FEI Number
59-2637266

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FELDMAN, STEPHEN
S.R. 405
BLDGE. M6-306
KENNEDY SPACE CENTER, FL 32899

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  **Stephen Feldman** **1/26/05**
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**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HENRY, ROBERT K P.O. BOX 37 MS 2-1120 MELBOURNE, FL 329020037	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC UKLEJA, MICK PH.D 5100 CERRITOS AVE. CYPRESS, CA 90630	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRACZAK, LARRY 100 RIALTO PLACE #900 CYPRESS, CA 90630	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fraczak, Larry 1819 Main Street, 12th Floor Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FELDMAN, STEPHEN DR ASTRONAUTS MEMORIAL FOUNDATION, M/C AMF KENNEDY SPACE CENTER, FL 32899	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEANS, MICHAEL D 6450 SOUTH US HWY 1 ROCKLEDGE, FL 32955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Stephen Feldman** **1/25/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #