

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90157 033 ****70.00

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1. Entity Name

THE ASTRONAUTS MEMORIAL FOUNDATION, INC.



Principal Place of Business

THE CENTER FOR SPACE EDUCATION
MAIL COD AMF
KENNDY SPACE CENTER FL 32899
US

Mailing Address

THE CENTER FOR SPACE EDUCATION
MAIL CODE: AMF
KENNDY SPACE CENTER FL 32899
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2637266

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELDMAN, STEPHEN
S.R. 405
BLDGE. M6-306
KENNEDY SPACE CENTER FL 32899

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, President

3/28/06

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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 C
NAME HENRY, ROBERT K
STREET ADDRESS P.O. BOX 37 MS 2-1120
CITY-ST-ZIP MELBOURNE FL 32902-0037 ☒ Delete

TITLE VC
NAME UKLEJA, MICK PH.D
STREET ADDRESS 5100 CERRITOS AVE.
CITY-ST-ZIP CYPRESS CA 90630 ☒ Delete

TITLE T
NAME FRACZAK, LARRY
STREET ADDRESS 1819 MAIN STREET 12TH FLOOR
CITY-ST-ZIP SARASOTA FL 34236 ☒ Delete

TITLE A
NAME FELDMAN, STEPHEN DR
STREET ADDRESS ASTRONAUTS MEMORIAL FOUNDATION, M/C AMF
CITY-ST-ZIP KENNEDY SPACE CENTER FL 32899 ☐ Delete

TITLE S
NAME MEANS, MICHAEL D
STREET ADDRESS 6450 SOUTH US HWY 1
CITY-ST-ZIP ROCKLEDGE FL 32955 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C
NAME Potter, William C.
STREET ADDRESS 3305 Calle Del Mar
CITY-ST-ZIP Melbourne FL 32904 ☒ Change ☐ Addition

TITLE VC
NAME Means, Michael D.
STREET ADDRESS 6450 South US Hwy
CITY-ST-ZIP Rockledge FL 32955 ☒ Change ☐ Addition

TITLE T
NAME Honeycutt, Jay F.
STREET ADDRESS 3165 N. Atlantic RH#1
CITY-ST-ZIP Cocoa FL 32931 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME Odom, James B.
STREET ADDRESS 511 Oak St. NE
CITY-ST-ZIP Decatur AL 35601 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Stephen Feldman, President

3/28/06 321-452-2887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #