
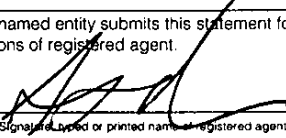


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90021 044 ****70.00

DOCUMENT # N13749 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 KENNEDY SPACE CENTER, FL 32899 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2637266	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 <small>Signature and typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				2/23/07 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POTTER, WILLIAM C		NAME		
STREET ADDRESS	3305 CALLE DE MAR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32904		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEANS, MICHAEL D		NAME		
STREET ADDRESS	6450 S US HWY		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HONEYCUTT, JAY F		NAME		
STREET ADDRESS	3165 N ATLANTIC, RH # 1		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELDMAN, STEPHEN DR		NAME		
STREET ADDRESS	ASTRONAUTS MEMORIAL FOUNDATION, M/C AMF		STREET ADDRESS		
CITY-ST-ZIP	KENNEDY SPACE CENTER, FL 32899		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ODOM, JAMES B		NAME		
STREET ADDRESS	511 OAK ST, NE		STREET ADDRESS		
CITY-ST-ZIP	DECATUR, AL 35601		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Alan J. Doshier		NAME		
STREET ADDRESS	Northrop Grumman, PO Bx 9650		STREET ADDRESS		
CITY-ST-ZIP	Melbourne, FL 32902		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:  Stephen Feldman, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/23/07 <small>Date</small>		
<small>Daytime Phone #</small>					